Tony Kershaw
Director of Law and Assurance

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18 September 2019

Health and Adult Social Care Select Committee

A meeting of the committee will be held at **10.30 am** on **Thursday, 26 September 2019** at **County Hall, Chichester**.

Tony Kershaw
Director of Law and Assurance

The meeting will be available to view live via the Internet at this address:

http://www.westsussex.public-i.tv/core/portal/home

Agenda

10.30 am 1. **Declarations of Interest**

Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it. If in doubt please contact Democratic Services before the meeting.

10.31 am 2. **Urgent Matters**

Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances, including cases where the Committee needs to be informed of budgetary or performance issues affecting matters within its terms of reference, which have emerged since the publication of the agenda.

10.32 am 3. **Minutes of the last meeting of the Committee** (Pages 5 - 14)

The Committee is asked to agree the minutes of the meeting held on 12 June (cream paper).

10.35 am 4. **Responses to Recommendations** (Pages 15 - 20)

The Committee is asked to note the responses to recommendations made at the 12 June meeting from: -

a) The Cabinet Member for Adults & Health

b) The Safeguarding Adults Board Manager

c) The Secretary of State for Housing, Communities and Local Government – to follow

10.40 am 5. **Forward Plan of Key Decisions** (Pages 21 - 34)

Extract from the Forward Plan dated 12 September.

An extract from any Forward Plan published between the date of despatch of the agenda and the date of the meeting will be tabled at the meeting.

The Committee is asked to consider whether it wishes to enquire into any of the forthcoming decisions within its portfolio.

10.45 am 6. **Local Assistance Network** (Pages 35 - 42)

Report by Executive Director People Services and Director of Adults' Services.

The report outlines the proposal to reduce the LAN funding and the proposed consultation approach.

11.05 am 7. **West Sussex Suicide Prevention Strategy 2017-20** (Pages 43 - 120)

Report by the Director of Public Health.

The West Sussex Suicide Prevention Strategy 2017-20 outlines priority areas for preventative action in the county.

12.20 pm 8. **Health Protection Annual Report** (Pages 121 - 168)

Report by the Director of Public Health.

The West Sussex Health Protection Annual Report 2018/2019, details the West Sussex data, and activities carried out by the Council and partner organisations during the period 1st April 2018 to 31st March 2019.

Lunch

Lunch will be provided for members of the Committee who have ordered it in advance.

1.30 pm 9. **Substance Misuse - Drugs and Alcohol** (Pages 169 - 202)

Report by the Director of Public Health.

The report outlines progress on the effectiveness of service arrangements, performance and high level Public Health Outcome Framework outcomes.

2.15 pm 10. **Business Planning Group Report** (Pages 203 - 212)

The report informs the Committee of the Business Planning Group meeting held on 27 June, setting out the key issues discussed.

The Committee is asked to endorse the contents of this report, and particularly the Committee's Work Programme revised to reflect the Business Planning Group's discussions (attached at Appendix A).

2.25 pm 11. **Possible Items for Future Scrutiny**

Members to mention any items which they believe to be of relevance to the business of the Select Committee, and suitable for scrutiny, e.g. raised with them by constituents arising from central government initiatives etc.

If any member puts forward such an item, the Committee's role at this meeting is just to assess, briefly, whether to refer the matter to its Business Planning Group (BPG) to consider in detail.

2.27 pm 12. **Requests for Call-in**

There have been no requests for call-in to the Select Committee and within its constitutional remit since the date of the last meeting. The Director of Law and Assurance will report any requests since the publication of the agenda papers.

2.28 pm 13. **Date of Next Meeting**

The next meeting of the Committee will be held on 27 November at 10.30 am at County Hall, Chichester. Probable agenda items include:

- South East Coast Ambulance Service NHS Foundation Trust Update
- Proposals to improve mental health services in West Sussex
- Housing Related Support
- Low Vision Services in West Sussex
- Winter Planning

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 13 November.

To all members of the Health and Adult Social Care Select Committee

Webcasting

Please note: this meeting may be filmed for live or subsequent broadcast via the County Council's website on the internet - at the start of the meeting the Chairman will confirm if all or part of the meeting is to be filmed. The images and sound recording may be used for training purposes by the Council.

Generally the public gallery is not filmed. However, by entering the meeting room and using the public seating area you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

Health and Adult Social Care Select Committee

12 June 2019 – At a meeting of the Health and Adult Social Care Select Committee held at 10.30 am at County Hall, Chichester.

Present: Mr Turner (Chairman)

Dr Walsh	Ms Flynn	Cllr McGregor
Mrs Arculus, left at 1pm	Mrs Jones	Cllr Bangert
Lt Cdr Atkins	Dr O'Kelly	Cllr Bennett
Mr Boram	Mr Wickremaratchi	
Mrs Bridges	Miss Russell	

Apologies were received from Cllr Bickers and Cllr McAleney

Absent: Mr Petts, Mrs Smith and Cllr Tricia Youtan

Also in attendance: Mrs Jupp

Part I

1. Committee Membership

1.1 Resolved – that the Committee notes the appointment of Mr Boram in place of Mr Barling and approves the co-opted membership of the Committee as set out below: -

Mr McGregor (Adur District Council)
Mr Bennett (Arun District Council)
Mrs Youtan (Horsham District Council)
Mrs Bangert (Chichester District Council)
Mr McAleney (Crawley Borough Council)

2. Declarations of Interest

2.1 In accordance with the code of conduct the following personal interests were declared: -

- Dr Walsh in relation to item 7, Housing Related Support, as leader of Arun District Council
- Mrs Bridges in relation to item 11, Low Vision Services, as she runs a club for people with impaired vision

3. Minutes of the last meeting of the Committee

3. Resolved – that the minutes of the meeting held on 15 March 2019 be approved as a correct record and that they be signed by the Chairman.

4. Responses to Recommendations

4. Oliver Phillips, Brighton & Sussex University Hospitals NHS Trust (BSUH) told the Committee that BSUH and Western Sussex Hospitals NHS Foundation Trust (WSHFT) were keen to provide Radiotherapy services but needed permission from NHS England which was concerned that situating the services at St Richard's hospital, Chichester, would split cancer services between Chichester and Portsmouth. A review was taking place to see if WSHFT should obtain all its cancer services from one provider.

4.1 Summary of responses to Members' comments and questions: -

- There would be consultation on WSHFT's broader clinical strategy – engagement would take place during September/October with the revised strategy being launched in late 2019 or early 2020
- The Committee supports radiotherapy services being based at St Richard's hospital, Chichester and urged all members of the Committee to write to their MPs in support of radiotherapy services being based at St Richard's hospital

4.2 Resolved – that the Committee notes the responses and that South East Coast Ambulance Service NHS Foundation Trust has agreed to send representatives to the November meeting of the Committee.

5. Forward Plan of Key Decisions

5. Resolved – that the Committee notes the Forward Plan of Key Decisions.

6. Housing Related Support

6. The Committee considered a report by the Executive Director People Services and Director of Adults' Services (copy appended to the signed minutes) which was introduced by Paul McKay, Director Adults' Services, who told the Committee that services had been rated red, amber or green and that the findings of the West Sussex Supported Housing and Homelessness Task & Finish Group (TFG) would influence how services would be commissioned going forward.

6.1 The Committee also considered a report by the TFG, which was introduced by its Chair, Natalie Brahma-Pearl who told the Committee: -

The TFG had been meeting regularly due to the challenging timescale

- Phase 1 of the TFG's work was focussed on non-statutory services that would no longer receive funding from the County Council from October 2019. Given this was the most pressing timescale these areas were being prioritised.
- The redesign of services going forward would be based on emerging service design principles and applied to green and amber services. Where possible local authorities would collaborate to ensure that user pathways were better joined-up and efficient.
- Two key main areas of concern had been identified: -

    i. **Older People's Services** – the TFG will meet with Adult Social Services in June to discuss this issue

ii. **High Risk/Multi Agency Public Protection Arrangement (MAPPA) Offender Services**

- This was being treated as a priority as funding will cease after September with a very likely immediate increase in rough sleepers expected as a result
- Around 100 MAPPA offenders will be affected each year

- Phase 2 focusses on redesigning for the future with help from a consultancy
- There had been 11 workshops to date involving commissioners, providers and other agencies. Thirty individuals and groups had also been interviewed
- A flexible solution was needed to meet future needs and it was unlikely that everything would be sorted at once given time constraints. Likely future phases of service redesign would be required.
- Particular areas of risk were around young people, care leavers and adults with complex needs
- Prevention would be key to avoid crises and work would take place with commissioners over the redesign of services
- The County Council had provided some money to help during the transition from current to future arrangements from October 2019

6.2 The Committee then heard from other interested parties: -

6.3 Hilary Bartle, Chief Executive, Stonepillow and Chair of the West Sussex Coalition of Providers told the Committee: -

- The County Council's rating system had provided clarity, but there was a likelihood from October that more older people would become homeless and more offenders would use hostels
- The coalition was also concerned that at present, from October organisations could not budget for the future without knowing what, if any funding they would receive
- Housing related support services were funded by donations and run by volunteers and were not statutory, but provided a way to bring in statutory services
- The Criminal Justice Board was looking at offender accommodation
- The coalition welcomed the work of the TFG and its consultants

6.4 John Holstrom, Chief Executive, Turning Tides and secretary of the West Sussex Coalition of Providers told the Committee: -

- The coalition was a resource with many assets including buildings and volunteers and wished to be involved in the redesign of commissioning services
- The most vulnerable were at risk and £2.3m a year was insufficient for housing related support needs
- If housing for offenders was lost, it would be very hard to replace it
- The system was stretched e.g. mental health hospitals which had impacts in other areas
- The timescale was too short

6.5 Martin Pannell, Associate Director for Operations and Performance, Coastal West Sussex Clinical Commissioning Group representing all West

Sussex clinical commissioning groups (CCGs) also welcomed the work of the TFG and its consultants and added that: -

- The health service could help to mitigate risks to the most vulnerable, especially those with mental health problems
- The County Council and the health service were commissioning services jointly
- The timescale for the redesign of services was a concern

6.6 Summary of responses to Members' questions and comments: -

- The TFG was in the process of writing to the Ministry of Justice and the Ministry of Housing, Communities & Local Government over the disconnect between the commitment to eradicate rough sleeping and the way prisoners were released, which could put vulnerable individuals and the public at risk. The TFG was working on finding more funding for housing related support to address this issue. The Cabinet Member for Adults and Health offered to write to the Ministry of Justice and the Probation Service
- Success of services whose aim was to keep older people living in their own homes was patchy because there was a range of providers involved – this needed to be addressed so that performance was consistent
- The TFG would like more time, but appreciated that budget reductions dictated things be done quickly, although it hoped that if something promised a better outcome it might be given more time
- Out of the £2.3m budget, £1m had to cover statutory services for children, the challenge was how to spend the remaining money to best support older people and offenders
- Extra columns would be added to the table in appendix 1 for avoided costs under current financing, mitigation in respect of proposed changes and revised cost avoidance
- The Committee was concerned that the changes could lead to a bad outcome for those with mental health and vulnerable people susceptible to county lines
- The TFG's workshops had identified mental health as the main issue - more engagement was therefore needed with mental health organisations
- Sussex Partnership NHS Foundation Trust was investing more in mental health services and joint commissioning in mental health was working
- The issues of those homeless needed a combined approach from agencies
- A shortage of temporary accommodation meant that local authorities had to use bed and breakfast which was more expensive and didn't give families the stability they needed
- The County Council was responsible for people eligible for social care, but often even those with complex needs did not qualify
- Extra care housing and adaptations would not be affected by the reduced funding, but it was harder to carry out adaptations if property was owned by private landlords
- The Women's Refuge would continue to receive funding as would housing for care leavers

- Those deemed intentionally homeless would continue to be managed as well as possible

6.7 Resolved – that the Committee: -

i) Thanks the Task & Finish Group for its work so far but raises the concerns regarding: -

a) the challenging timescale to re-design services and asks that a more pragmatic approach is taken to ensure sustainable outcomes
b) the ability of NHS partners to meet the mental health needs of homeless residents
c) the provision of suitable 'move-on' housing

ii) Requests that the Cabinet Member for Adults and Health: -

a) considers a review of the current year's housing related support budget to allow continuation of contracts where necessary, to ensure that alternative funding is found and/or re-design of services is robust
b) writes to the Ministry of Justice regarding the concerns raised on Multi-Agency Public Protection Arrangement housing provision for released offenders in support of the Task & Finish Group's correspondence

iii) Welcomes a further item on housing related support later in the year and prior to that asks that the Business Planning Group discuss the timetable for future scrutiny

7. improved Better Care Fund (iBCF) update

7.1 The Committee considered a report by the Executive Director People's Services and Director of Adults' Services (copy appended to the signed minutes) which was introduced by Paul McKay, Director Adults' Services who told the Committee that: -

- The iBCF was temporary money and the outcome of the Green Paper was still awaited
- iBCF money had been used to meet adults' needs, improve delayed transfers of care between hospitals and social care and allowed care providers to be paid above inflation rates to help stabilise the market
- There was an underspend of approximately £1m which would be spent as above

7.2 Summary of responses to members' questions and comments: -

- The Council was working with care providers to commission the services it needed
- Figures for reduced re-admissions would be provided to the Committee after the meeting
- The Cabinet Member for Adults and Health urged all committee members to write to their local MP seeking clarity over the future of the iBCF

7.3 Resolved – that the Committee: -

i. agrees that the Council has spent its improved Better Care Fund money in line with grant conditions
ii. commends the reduction in delayed transfers of care attributable to social care
iii. writes to the Minister seeking clarity over the future of improved Better Care Funding highlighting the costs that had been avoided by using it to improve delayed transfers of care

8. West Sussex Safeguarding Adults Board Annual Report 2018/19

8.1 The Committee considered a report by the Independent Chair of the West Sussex Safeguarding Adults Board (WSSAB) which was introduced by Annie Callanan, the Independent Chair who told the Committee: -

- The report reflected the work and achievements of the WSSAB which had been restructured to make the most of its resources using a number of sub groups as detailed in the report
- All partners were actively involved in Making Safeguarding Personal which put people at the centre of safeguarding

8.2 Summary of responses to members' questions and comments: -

- Suicides would be considered as part of a Safeguarding Adult Review if referred to the Board
- The Board needed more understanding of issues around homelessness
- The rise in safeguarding concerns is partly due to increased awareness and the fact that there can be more than one concern per person
- Around 36% of reported concerns needed fuller investigation
- £2m was needed to clear the backlog of Deprivation of Liberty Standards (DoLS) referrals – assessments are done independently from the Council
- Multi-agency work was taking place to look at the number of people with repeated safeguarding concerns
- There were now less concerns coming from care homes than previously
- Safeguarding concern trends were looked at by providers and addressed where necessary
- The top three areas of concern in West Sussex matched those nationally
- The Board heard case studies and could include outcomes in future annual reports
- The Governance and membership of the Board had been reviewed to ensure the correct decision-makers were at meetings – lay members would also be progressed this year
- The risk of medicine being given covertly to people was assessed as an example of where a DoLS request might receive higher priority
- The few complaints received by the Board were resolved and would be included in the next annual report which would also evidence how victims' voices were heard

8.3 Resolved – that the Committee: -

i. Welcomes the West Sussex Safeguarding Adults Board Annual Report 2018/19 and the timing of consideration by the Committee which has been earlier than in previous years and
ii. Welcomes the changes to the governance of the Board
iii. Asks that the independent Chair considers the appointment of lay members to the Board
iv. Requests that case studies are included in the annual report
v. Receives an update regarding the multi-agency audit on repeat referrals
vi. Receives detailed information on which sector the increase in referrals has come from

9. Proposals to improve mental health services in West Sussex

9.1 The Committee considered a report by Sussex Partnership NHS Foundation Trust (copy appended to the signed minutes) which was introduced by Matt Powls, Director of Commissioning – Mental Health, Crawley and Horsham & Mid Sussex CCGs who told the Committee that the changes were particularly around services for people with dementia, older people and working age adults and that there would be no reduction in bed numbers.

9.2 Summary of responses to Members' questions and comments: -

- Dementia beds were being consolidated in to one unit to provide a better service
- Sussex Partnership NHS Foundation Trust's Clinical Strategy aimed to transform community services to keep people well and out of hospital and was developing models to put in place once it had the money to do so
- The Committee was concerned about the effect changes would have on people in rural areas
- A group involving the Council had looked at travel implications and views on this would be sought during consultation
- Healthwatch would be involved in engagement before there was any public engagement
- Public consultation would be analysed by independent consultants – staff would be consulted after this
- Staff had mixed views on the proposals – there was a large number of people retiring at the same time – mental health graduates were being employed
- The proposals should improve quality of in-patient care through the centre of excellence which should help recruitment and retention
- Community services would be developed in parallel to the changes in mental health services with existing wards remaining open until the new services had bedded-in
- Staff were being recruited to fill roles needed in community services
- More crisis lounges were being established where people could be assessed therapeutically and there was a psychiatric decision unit at Brighton that helped avoid admissions to hospital (the clinical commissioning groups were bidding for crisis care money)
- The police and ambulance service would take people to the psychiatric decision unit (Brighton was chosen as the location for this service as it is for East and West Sussex)

- People would stay a maximum of 72 hours at the psychiatric decision unit and be taken home afterwards
- Crisis teams would get more investment than other services as they were currently under funded – recruitment to the teams had begun
- Crisis teams would work with community teams and go to rural areas
- The Dementia and Later Life teams were coming back together to provide better care
- The Oaklands ward at the Harold Kidd Unit, Chichester would stay open as it was a single sex ward
- Whilst some beds might go from some areas this would be compensated for by nine beds being gained from Surrey and borders – it was expected that the service would run at 80% bed occupancy
- The Committee wanted to see the results of engagement/consultation and the travel analysis and had concerns over how rural areas would be affected

9.3 Resolved – that the Committee: -

i. Considers the proposals as set out in the report as a substantial variation in service and that a full consultation should take place ensuring that Healthwatch is included throughout
ii. Encourages all members of the committee to respond to the consultation, especially local members where services are currently located
iii. Requests that the outcome of the consultation and any final proposals are considered by the committee at its November meeting

10. Low Vision Services

10.1 The Committee considered a report by Coastal West Sussex, Horsham & Mid Sussex clinical commissioning groups and the Director of Adults' Services (copy appended to the signed minutes).

10.2 Paul McKay, Director of Adults' Services told the Committee that a Task & Finish Group would be established involving interested parties to review the situation in July.

10.3 Christine Glanville, Network Manager – South East England, Royal National Institute for the Blind (RNIB) told the Committee that the RNIB felt that low vision services, including the satellite service at the Princess Royal Hospital, Haywards Heath should be reinstated whilst the review took place, especially as patients in Mid Sussex were having to pay for services where there were about 5,000 people with sight loss.

10.4 Wendy Young, Deputy Director of Planned Care Crawley, Horsham and Mid Sussex and, Coastal West Sussex clinical commissioning groups told the Committee: -

- It would be difficult to reinstate any services – alternatives were available, but they were not equitable across the county
- Ophthalmology would be a priority for the clinical commissioning groups when they merged and could look at the service in more detail
- Clear options had been outlined in the report

10.5 Summary of responses to Members' questions and comments: -

- The Council and the clinical commissioning groups were committed to providing a good service with input from the RNIB
- Healthwatch has just issued a report on patient experience and service knowledge of people who accessed the eye clinics at Western Sussex Hospitals NHS Foundation Trust - Southlands and St Richard's Hospitals

10.6 Resolved – that the Committee believes that there is not an equity of provision of low vision services for West Sussex residents and welcomes the creation of a Task & Finish Group including representatives from the Council, clinical commissioning groups, RNIB and Healthwatch to review the provision and share the outcomes from this work with the Committee in the autumn.

11. Appointment of the Committee's Business Planning Group

11.1 Resolved – that the Committee appoints the following members to its Business Planning Group; Mr Turner (Chairman), Dr Walsh (Vice Chairman), Mrs Arculus, Mr Boram and Mrs Smith.

12. Possible Items for Future Scrutiny

12.1 The following topics were suggested and will be considered by the Business Planning Group: -

- The shortage of paediatricians
- Capacity of the Children & Adolescent Mental Health Service

13. Date of Next Meeting

13.1 The next meeting of the Committee will be held at 10.30am at County Hall, Chichester on 26 September

The meeting ended at 3.10 pm

Chairman

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Amanda Jupp
Cabinet Member for Adults and Health

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Bryan Turner
Chairman, Health & Adult Social Care
Select Committee

22 August 2019

VIA EMAIL

Dear Bryan

Recommendations from the Health and Adult Social Care Select Committee 12 June 2019

Thank you for forwarding the recommendations from the Health and Adult Social Care Select Committee meeting on 12th June on Housing Related Support as outlined below.

The Committee requests that the Cabinet Member for Adults and Health:

a) considers a review of the current year's housing related support budget to allow continuation of contracts where necessary, to ensure that alternative funding is found and/or re-design of services is robust.

b) writes to the Ministry of Justice regarding the concerns raised on Multi-Agency Public Protection Arrangement housing provision for released offenders in support of the Task & Finish Group's correspondence."

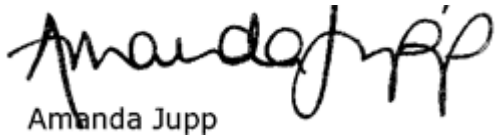
I am pleased to report the following in response to your recommendations:

a) Further to the decision to reduce expenditure on Housing Related Support (HRS) from £6.3 million in 2018/19 to £2.3 million by 2020/21, the Council has been working with its partners from the District and Borough Councils as part of a Task and Finish Group, to identify a way of reducing the Council's spend on HRS whilst ensuring that services are still able to safely meet the needs of vulnerable people. Significant progress has been made in this area. A decision taken by the Executive Director People Services on 1st August 2019 (Ref: OKD13 19/20) will allow for the stabilisation of HRS services, whilst making the necessary savings to the budget.

b) The Council currently funds Change Grow Live (CGL) to provide accommodation-based support for ex-offenders under its housing related support funding. The Council will continue to fund the service until the end of March 2020. Funding from April until September 2020 has been

agreed across the partnership by the Chief Executives of each District and Borough Councils, as well as the County Council, the Police and Crime Commissioner and the Probation Service to enable sufficient time for a longer-term strategic approach for the support of this cohort to be considered.

Yours sincerely,



Cabinet Member for Adults and Health

West Sussex
Safeguarding Adults
Board
Making Safeguarding Personal

West Sussex Safeguarding Adults Board

Response to recommendations by HASC following submission of Safeguarding Adults Board Annual Report

Author: Ru Gunawardana, Safeguarding Adults Board Manager
Date: 31/07/19

Response to HASC

1

West Sussex Safeguarding Adults Board (WSSAB) welcomes HASC's feedback and engagement with the WSSAB in respect of the WSSAB's annual report.

Responses to the Committee's comments and recommendations on WSSAB's annual report are being submitted by way of this report by 02/08/19, as requested, in time for the Committee's next meeting on 26/09/19.

The Committee comments and recommendations with WSSAB responses:

i. **Committee comment**: Welcomes the West Sussex Safeguarding Adults Board Annual Report 2018/19 and the timing of consideration by the Committee which has been earlier than in previous years.

WSSAB response: WSSAB appreciates the Committee's acknowledgement of the earlier submission of its annual report and intends to submit next year's at the same time.

ii. **Committee comment**: Welcomes the changes to the governance of the Board.

WSSAB response: WSSAB appreciates the acknowledgement of the new governance structure for WSSAB.

iii. **Committee request:** Asks that the independent Chair considers the appointment of lay members to the Board.

WSSAB response: A protocol and project plan for recruitment of laypersons is now in place and, is being taken forward with the ambition of recruiting 2 lay persons this autumn in time for lay person representation at the WSSAB's December Board. However, the process of recruitment may take longer so, lay person attendance may not be possible until the following WSSAB's board meeting in March 2020.

iv. **Committee request:** Requests that case studies are included in the annual report.

WSSAB response: The WSSAB has sourced a county lines/homelessness and safeguarding case study for its 2019-2020 annual report and is pursuing a second case study also. These case studies will include the voice of the person by quoting statements, views and feelings that they have shared.

v. **Committee request:** Receives an update regarding the multi-agency audit on repeat referrals.

WSSAB response: West Sussex County Council (WSCC) completed an Audit of eight individuals with repeat enquiries. The findings were presented to the SAB Quality and Performance Sub Group in March 2019. The audit found that the repeat referrals were usually not in relation to the same cause of risk. However, the key theme that came out of the audit was that we need to improve the mechanism for recording and reviewing the adult's Safeguarding Plan.

In June 2019, WSCC implemented a new 'Risk Profile and Enablement Plan', accompanied by new practice guidance. This Risk Profile and Enablement Plan can be used flexibly, and supports safeguarding enquires by having:

- An improved mechanisms to produce and review person led risk assessments linked to safeguarding concerns.
- New 'Risk Enablement' practice guidance which gives staff in-depth information about the new Risk Profile and Enablement Plan process, as well as broader guidance about working safely and positively with risks in our practice with adults. A copy of this practice guidance is available here on the Professional Zone of Connect to Support.
- New training on the 'Risk Enablement Principles in Practice' that gives an overview of the Risk Enablement approach. New sessions will shortly be published on the Learning and Development Gateway.

vi. **Committee request:** Receives detailed information on which sector the increase in referrals has come from.

WSSAB response: The WSSAB annual report for 2018-19 details that of the 10,591 referrals received last year, only 3,240 (that is 33%) of referrals proceeded to enquiry. WSCC are currently exploring which sector/s the increase in referrals is coming from.

However, WSCC is aware that there has been an increase in referrals across sectors and understands (given the data noted above) that the reason for this is that a large number of referrals are inappropriate/do not indicate safeguarding and instead, could be progressed through the WSCC quality pathway, assessment or reviews.

This volume of inappropriate referrals can significantly clog up the WSCC safeguarding pathway and increase the risk of delay on cases which need a more urgent action. In response to this and to help sectors understand when to refer, the WSSAB has developed a

threshold document to guide referrers to understand when to consider, check or make a referral in relation to particular safeguarding categories which, are evidencing the largest number of inappropriate referrals. This document clearly outlines examples of when a safeguarding concern should be raised and when they should not be reported as a safeguarding concern. The safeguarding categories which the documents refer to are medication errors, pressure ulcers, peer on peer abuse and falls. Further WSSAB guidance is planned for choking, homelessness and substance misuse.

Forward Plan of Key Decisions

Explanatory Note

The County Council must give at least 28 days' notice of all key decisions to be taken by members or officers. The Forward Plan includes all key decisions and the expected month for the decision to be taken over a four-month period. Decisions are categorised in the Forward Plan according to the West Sussex Plan priorities of:

- Best Start in Life
- A Prosperous Place
- A Safe, Strong and Sustainable Place
- Independence in Later Life
- A Council that Works for the Community

The Forward Plan is updated regularly and key decisions can be taken daily. Published decisions are available via this link. The Forward Plan is available on the County Council's website www.westsussex.gov.uk and from Democratic Services, County Hall, West Street, Chichester, PO19 1RQ, all Help Points and the main libraries in Bognor Regis, Crawley, Haywards Heath, Horsham and Worthing.

Key decisions are those which:

- Involve expenditure or savings of £500,000 or more (except decisions in connection with treasury management); and/or
- Will have a significant effect on communities in two or more electoral divisions in terms of how services are provided.

The following information is provided for each entry in the Forward Plan:

Decision	The title of the decision, a brief summary and proposed recommendation(s)
Decision By	Who will take the decision
West Sussex Plan priority	See above for the five priorities contained in the West Sussex Plan
Date added to Forward Plan	The date the proposed decision was added to the Forward Plan
Decision Month	The decision will be taken on any working day in the month stated
Consultation/ Representations	Means of consultation/names of consultees and/or dates of Select Committee meetings and how to make representations on the decision and by when
Background Documents	What documents relating to the proposed decision are available (via links on the website version of the Forward Plan). Hard copies of background documents are available on request from the decision contact.
Author	The contact details of the decision report author
Contact	Who in Democratic Services you can contact about the entry

For questions about the Forward Plan contact Helena Cox on 033022 22533, email helena.cox@westsussex.gov.uk.

Published: 12 September 2019

Forward Plan Summary

Summary of all forthcoming executive decisions in West Sussex Plan priority order

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A Strong, Safe and Sustainable Place

Director of Public Health

Award of Integrated Sexual Health Services Contract	
In May 2019,the Cabinet Member for Adults and health approved the commencement of a joint procurement process, with NHS England, to secure the provision of Integrated Sexual Health and HIV Treatment Services in West Sussex (Cabinet Member decision reference AH03 19/20). The total value of the contract to the County Council for the integrated sexual health service , funded through the public health grant, is approximately £21.5m for five (5) years (including an extension period). HIV services are fully funded by NHS England. Once the procurement process is complete, which is compliant with West Sussex Standing Orders and European Union Procurement Directives, the Director of Public Health will be asked to approve the award of the Contract for the provision of Integrated Sexual Health and HIV Treatment services to the successful bidder.	
Decision By	Anna Raleigh - Director of Public Health
West Sussex Plan priority	A Stong, Safe and Sustainable Place
Date added to Forward Plan	30 July 2019
Decision Month	September 2019
Consultation/ Representations	Initial scrutiny and consultation was undertaken by the Health & Adult Social Care Select Committee on 30 November 2018. Representations should be made to the Director of Public Health at County Hall, Chichester by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	Procurement of Integrated Sexual Health Services AH03 19/20
Author	Moira Jones Tel: 033 022 28694, Paul Woodcock Tel: 033 022 28701
Contact	Erica Keegan 0330 222 6050

Cabinet Member for Adults and Health

Commissioning of Local Healthwatch and Independent Complaints Advocacy Service	
The Local Healthwatch (LHW) service is the local 'Consumer Champion' for all NHS and Social Care services and is supported by the national body, Healthwatch England (HWE) part of the Care Quality Commission (CQC). The service's purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Local authorities have a duty under the Local Government and Public Involvement in Health Act (2012) to ensure that an effective local Healthwatch and Independent Complaints Advocacy service is operating in their area delivering the activities set out in the legislation. The Independent NHS Complaints Advocacy Service (IHCAS) is a client-centred, flexible service which supports anyone who wishes to resolve a complaint about healthcare commissioned and/or provided by the NHS in England. The Cabinet Member for Adults and Health will be asked to endorse the commencement of a procurement to commission a local Healthwatch and Independent Complaints Advocacy Service and delegate the contract award to the Director of Public Health.	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	Independence in Later Life
Date added to Forward Plan	30 July 2019
Decision Month	September 2019
Consultation/ Representations	Internal governance arrangements Director of Law and Assurance Director of Finance and Support Services Representations should be made to the Cabinet Member for Adults and Health at County Hall, Chichester by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Cameron Hill Tel: 0330 222 3574
Contact	Erica Keegan 0330 222 6050

Cabinet Member for Adults and Health

Extension of Commissioned Social Support Services Contracts for one year	
The County Council contracts with nine voluntary and community sector (VCS) organisations for a range of preventative social support services. Presently all contracts are due to end in March 2020. The services include Home from Hospital, Relative Support, Befriending, Help at Home, Day Activities, PAT Community Service and Information and Advice provision, at a combined value of £1.7m per annum. The Council with Voluntary and Community Sector partners has agreed a co-production approach in order to best meet our prevention objectives, and as part of the strategic recommissioning process for these contracts to ensure the ongoing stability of current services. The Cabinet Member for Adults and Health is requested to agree the commencement of an interim single tender process to secure the continuation of existing contracts for a further 12 months. The Cabinet Member will be asked to delegate contract awards and decisions about the extension of these contracts to the Director for Public Health, in consultation with the Cabinet Member. This is an interim arrangement whilst a procurement process for preventative social support services is planned from January 2020.	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Strong, Safe and Sustainable Place
Date added to Forward Plan	27 August 2019
Decision Month	September 2019
Consultation/ Representations	Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health, via the officer contact, in the month which the decision is due to be taken.
Background Documents (via website)	None
Author	Catherine Galvin Tel: 033 022 24869
Contact	Erica Keegan Tel: 0330 022 26050

Cabinet Member for Adults and Health

Procurement of Public Health Services	
The Services, which are currently delivered by GPs and Pharmacies, include but are not limited to: NHS Health Checks, Smoking Cessation, Contraceptive Implant, Emergency Hormonal Contraception, Intra-Uterine Contraceptive Device and Alcohol Identification and Brief Advice Services for the population of West Sussex. Local Authorities are mandated to provide the NHS Health Checks Programme and the provision of contraception is a prescribed service under the conditions of the Public Health Grant. All of the services contribute to improvement of population, public health outcomes and reductions in health inequalities. The new arrangement will be effective from 1 April 2020 and will run for three (3) years with the possibility of a further extension of up to two (2) years built into the terms of the contract. The contract will be funded through the Public Health Grant. The Cabinet Member for Adults and Health is asked to agree the commencement of a procurement process for the provision of Public Health Services in the form of an approved supplier list and to delegate decisions regarding the award and extension of the supplier list to the Director of Public Health in consultation with the Cabinet Member for Adults and Health.	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Strong, Safe and Sustainable Place
Date added to Forward Plan	1 July 2019
Decision Month	September 2019
Consultation/ Representations	Procurement Board, Legal, Finance, Contracts Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health, via the officer contact, in the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Kate Bailey Tel: 033 022 28688
Contact	Erica Keegan Tel: 033 022 26050

Cabinet Member for Adults and Health

Specialist Community Advocacy Services	
A contract for the provision of a specialist community advocacy service to support adults with physical or sensory impairment, acquired brain injury, autism or a learning disability was extended for 12 months until 30th June 2020. This extension enabled a review of the service and customer engagement. This advocacy service is a component part of the People services prevention strategy which is designed to support demand management and delivery of value for money. The review, completed at the end of July 2019, has evidenced that the service enables the Council to meet its statutory duties in relation to supporting the most vulnerable people, particularly those with communication difficulties. People with these protected characteristics face challenges in many areas of everyday life and without advocacy support, struggle to communicate their wishes and needs. The new service would start on 1st July 2020 for a period of 3 years plus the option of extending for a further 2 years. The total cost of the service over the maximum service length is £1.2m The Cabinet Member for Adults and Health is asked to approve the commencement of a procurement process to source a specialist advocacy service and delegate the authority to award the contract to the Executive Director of People Services.	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Strong, Safe and Sustainable Place
Date added to Forward Plan	12 September 2019
Decision Month	October 2019
Consultation/ Representations	Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health, via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Liz Merrick Tel: 033 022 23733
Contact	Erica Keegan Tel: 033 022 26050

Independence in Later Life

Cabinet Member for Adults and Health

Development of an Extra Care Housing Scheme in East Grinstead	
Enabling residents to remain independent in later life is one of the key objectives of the West Sussex Plan. To this end, the Council has indicated a willingness to invest in social care infrastructure projects which help to make this possible. Extra care housing has been identified as a particularly effective means of enabling people with care needs to remain independent, living in purpose-built homes within a residential setting with some communal amenities and an on-site care service. The proposal being put forward is to support the development of new extra care housing scheme comprising 48 flats on the site of a former supported housing scheme in East Grinstead. The site is owned by Eldon Housing Association which has obtained planning permission and a commitment to grant funding from Homes England, however additional funding from WSCC will also be required if the scheme is to proceed. The Cabinet Member for Adults and Health will be asked to approve the provision of approximately £0.96m from the Council's Capital Programme to Eldon Housing Association to support the development of this scheme, following the implementation of a business case and necessary approval arrangements to ensure that the required capital resources are available.	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	Independence in Later Life
Date added to Forward Plan	11 June 2019
Decision Month	September 2019
Consultation/ Representations	Mid Sussex District Council.
Background Documents (via website)	None
Author	Sarah L Leppard Tel: 0330 022 23774
Contact	Erica Keegan Tel: 033 022 26050

Director of Adults' Services

Award of Contract for In House Adult Social Care Programme (Part A (Judith Adams & Chestnuts Renovation)	
The Cabinet Member for Adults and Health approved the allocation of funds from 'Choices for the Future' capital programme for the first part of the day services rationalization programme (Part A) which is estimated at £2.315m and the commencement of procurement on 1 August 2019. The Director of Adult Services will be asked to award the contract to the successful contractor, to allow for the renovation of Judith Adams, Chichester and The Chestnuts, Bognor Regis Day Centres.	
Decision By	Paul McKay - Director of Adults' Services
West Sussex Plan priority	Independance in Later Life
Date added to Forward Plan	1 August 2019
Decision Month	October 2019
Consultation/ Representations	Internal governance arrangements Director of Law and Assurance Director of Finance and Support Services Representations concerning this proposed decision can be made to the Director of Adults Services via the author or officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Simon Starns Tel: 033 022 23706
Contact	Erica Keegan Tel: 0330 222 6050

Cabinet Member for Adults and Health

Commissioning of Care and Support at Home	
Care and support at home services (also known as domiciliary care or home care) are services purchased by the Council on behalf of people who have been assessed as having eligible social care needs. These services support people to maintain their independence through the provision of personal care and support. The Council currently commissions the majority of these services from a framework agreement which commenced in 2015 and which will come to an end in January 2021. This framework was developed jointly with NHS Continuing Healthcare who also use the contract. In addition, the Council purchases services from the wider market through a contractual agreement. The commissioning of care and support at home is being reviewed with proposals being developed for new arrangements to be established across the county which will enable the achievement of our strategic aim to support people to live independent lives for longer. The Council will continue to work with health partners on these arrangements, to prevent unnecessary emergency hospital admissions and speed up discharges. Given the strategic context in which this recommissioning is set, Care and Support at Home shall ensure that it: • Enables people to be independent for longer in their home, having choice and control over their care which is personalised for their needs. • Stimulates the care market to build capacity and deliver sustainable and high quality care, including a skilled, valued and sustainable workforce. • Strengthens community networks and supports people closer to where they live. Including increasing the number of Direct Payments. • Works in partnership with providers, the NHS, communities, the independent and voluntary sector and those in receipt of care to ensure the coordination and delivery of high quality care. • Understands market capacity and capability to make informed decisions and be innovative. Improve technology systems, including payments to improve the process for all stakeholders. • Maximises short-term services to reduce demand and maximise customer independence. Following the current review and a public consultation, the Cabinet Member for Adults and Health will be asked to approve the commencement of a procurement process to source the future care and support services and delegate authority for Contract Award to the Executive Director People Services.	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	Independence in Later Life
Date added to Forward Plan	2 September 2019
Decision Month	November 2019
Consultation/ Representations	Public consultation available until 15 Sept 2019 at: www.westsussex.gov.uk/csh Consultation with Director of Adult Services, Executive Director

	for People Services, NHS Continuing Healthcare, Coastal Clinical Commissioning Group, Crawley Clinical Commissioning Group, Horsham and Mid Sussex Clinical Commissioning Group. Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health, via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None.
Author	Juliette Garrett Tel: 033 022 223748
Contact	Erica Keegan Tel: 0330 022 26050

Strategic Budget Options 2020/21

Cabinet Member for Adults and Health

Local Assistance Network (LAN)	
The Local Assistance Network (LAN) was established in 2013 to replace a number of discretionary benefits for households in crisis situations which had previously been available through the benefits system. A ring-fenced grant to support this spending was originally provided by the Department of Work and Pensions but this was removed in 2015. Although the scale of the County Council's commitment has reduced since then, and following a Cabinet Member decision in December 2018, the LAN budget is currently £200,000 per annum. The Cabinet Member will be asked to agree to the further reduction of Local Assistance Network (LAN) funding to £100,000 per annum from 2020/21.	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	Independence in Later Life
Date added to Forward Plan	30 July 2019
Decision Month	November 2019
Consultation/ Representations	District and Borough Councils and Voluntary Sector Partners. Representations should be made to the Cabinet Member for Adults and Health at County Hall, Chichester by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Sarah Farragher Tel: 033 022 28403

Contact	Erica Keegan - 0330 22 26050

Cabinet Member for Adults and Health

Review of In-house Residential Care	
Through the commissioning plans for lifelong and older people's services, the County Council will move towards a reduction in the reliance on residential care and an increase in community-based care and accommodation that supports independence. This will include a review of the Council's in-house service in line with the adult social care vision and strategy and the need to develop and shape the care market. The outcome will be a strategy for accommodation services for adults. The principles of the review and development of the strategy will be; • To increase access to new models of supported and independent living, • To review the position and place of in-house residential care in the market, • To enable people to stay in their own home as long as possible by commissioning effective carer support, respite/reablement, access to employment and community-based activities, • Using a strengths-based approach to improve value for money and support choice and control, • To support young people as they approach adulthood with realistic expectations, • To build long-term sustainable solutions based on expected future demand and capacity modelling and • To develop positive relationships with the market, delivering value for money across all aspects of care and support. We will engage with customers, carers and families as part of the review and development of a future strategy. The Cabinet Member for Adults and Health will be asked to approve: 1) the outcome of an initial review phase of in-house residential care 2) the plans for a wider review of in-house residential care and the development of an accommodation strategy for adults.	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	Independence in Later Life
Date added to Forward Plan	30 July 2019
Decision Month	November 2019
Consultation/ Representations	Customers, carers and families, Health and Adult Social Care Select Committee (HASC) (to be considered by HASC Business Planning Group) and market partners/service providers. Representations concerning this proposed decision can be made to the Cabinet Member for Adults & Health via the author or officer contact by the beginning of the month in which the decision is to be taken.

Background Documents (via website)	None
Author	Catherine Galvin Tel: 033 022 24869
Contact	Erica Keegan - 033 022 26050

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Adult Heath and Care Select Committee

26 September 2019

The Local Assistance Network (LAN)

Report by Executive Director People Services and Director of Adults' Services

Summary

The Local assistance network (LAN) was established in 2013 when the Department of Work and Pensions (DWP) abolished several discretionary elements of the benefits system and transferred the responsibility for providing discretionary assistance to local government. A 'ring fenced' grant was provided to the County Council for two years. Since 2015, funding for the LAN has been funded from the Council's base budget.

The LAN is a discretionary grant that is provided directly to organisations. It is used alongside other sources of funding and support to provide assistance, to individuals and families during periods of crisis.

In April 2019 the LAN was reduced from £806,000 to £200,000 following consultation with providers. In November 2019, following a further period of consultation with providers, the Cabinet Member for Adults and Health will be asked to consider a proposal for a further reduction of the LAN to £100,000 from 1st April 2020.

Focus for scrutiny

The Health and Adult Social Care Select Committee is asked to consider the proposal to reduce the LAN funding and the proposed consultation approach as set out in paragraph 5 of the report.

The Chairman will summarise the output of the debate for consideration by the Committee.

Proposal

1. Background and Context

1.1 The LAN was established in 2013 when the DWP abolished several discretionary elements of the benefits system and transferred the responsibility for providing discretionary assistance to local government. A 'ring fenced' grant was provided to the County Council for two years. Since 2015 funding for the LAN has been funded from the Council's base budget.

1.2 The principle behind the LAN is to provide discretionary services to households facing hardship as a result of a crisis or emergency. Typically, this involves provision of food, utility top ups, furniture, white goods or household equipment. No financial assistance is available although, in some circumstances, providers offer low value supermarket store cards to purchase essential items. There are no eligibility criteria.

2 Proposal Details

2.1 Recognising the Council's significant financial challenge and the predominantly discretionary nature of the LAN, the Council took the decision to reduce the LAN from £807,000 to £200,000, from April 2019.

2.2 In November 2019, following a consultation period with providers, the Cabinet Member for Adult Care and Health will be asked to consider a further reduction in the LAN to £100,000.

2.1 In consideration of a reduced LAN, investment will be prioritised according to need, potential vulnerability and crisis situations. On this basis, consultation will focus on the aspects of the LAN that will add the most value and deliver the best outcomesin the reduced financial envelope.

2.2 LAN funding is currently provided to food banks, children and family centres, citizens advice and social enterprises.

Food Banks

2.3 The eight Trussell Trust Food banks[1] provide good local access points from which applicants can seek help. Food banks provide assistance to households for a limited period based on a voucher referral system. Seven of the eight Trussell Trust Food banks currently receive funding through LAN and this funding was maintained in 2019 despite the overall reductions in funding. This funding is used to support the basic infrastructure of these services, e.g. premises and storage facilities, enabling the services to access to additional sources of revenue and resources to support the overall food bank offer.

Children and family centres (CFCs)

2.4 The County Council has statutory responsibilities to children and families. CFCs provide a good local base where help can be provided through face to face interactions. The CFCs' LAN role within both Crawley and Littlehampton is especially important providing essential support such as furniture, white goods, baby equipment, clothing, sometimes food, etc. Funding to children and family centres was not reduced in 2019 despite the overall reductions in funding. Any reductions in funding need to be considered in relation to an overall Council impact.

[1] Chichester, Bognor Regis, Littlehampton, Worthing, Shoreham, Haywards Heath, Horsham and East Grinstead.

Citizens Advice (CA)

2.5 The Council already provides funding to support the general 'core' CA service in West Sussex with the LAN being an additional revenue stream. There is significant overlap in the support provided through the LAN, for example with benefits advice, debt and money management and the core CA offer. However, following consultation feedback in 2018 it was agreed to continue with reduced LAN funding allocation to CA from April 2019.

Social enterprise providers

2.6 Social enterprise providers historically received a substantial proportion of the LAN funding; however, this was reduced significantly from April 2019 and now provides a small amount of funding to five charitable organisations who between them provide the core LAN in respect of utility top ups, furniture and white goods[2]. The providers have developed services based on a social enterprise model, which in most cases complements their core charitable purpose. Much of this pre-date the establishment of the LAN; for example, involving recycling of donated furniture or provision of work experience for residents living in supported housing etc. The purpose of the current LAN allocation is to support these social enterprises to meet some infrastructure costs, e.g. storage and transport, to enable independent furniture collection and distribution schemes.

3 Resources

3.1 The current budget for the LAN is £200k per annum, distributed as follows;

- £35k to food banks,
- £80K to children and family centres,,
- £35K to Citizens Advice and
- £50K to social enterprises

3.2 The proposal reduces the LAN to £100K and consultation will focus on how this should be distributed based on an impact assessment and a focus on the most vulnerable. It is however, likely that some areas currently funded by the LAN will no longer receive funding.

Factors taken into account

4 Issues for consideration by the Select Committee

4.1 The Health and Social Care Committee are asked to consider the proposal to reduce the LAN funding and the proposed consultation approach as set out in paragraph 5 below.

[2] Stone Pillow, Turning Tides, Crawley Open House, Horsham Matters, Furnihelp

5 Consultation Proposals

5.1 A period of targeted consultation with providers is taking place with all providers during September and October 2019. This will close on 18th October with feedback and impact assessed during the remainder of October to develop proposals for consideration in November.

5.2 A questionnaire has been sent to providers setting out the proposed reduction and asking for an understanding of the impact. . As the LAN contributes to wider funding arrangements for these organisations, consultation is focused on;

- The impact of overall service provision through a reduction or removal of LAN funding and options to mitigate these challenges, and
- Possible options for distribution of future LAN allocations.

5.3 Whilst the exact distribution of the future LAN cannot be confirmed prior to consultation it is expected that the focus for the reduced LAN will be on the support to children and family centres with any remaining LAN being used to support food banks. This inevitably means that LAN allocations for citizens advice and other social enterprises are unlikely to be continued. The impact will be assessed before final proposals are presented to the Cabinet Member for Adults and Heath.

6 Risk Implications and Mitigations

Risk	Mitigating Action (in place or planned)
There is a risk that reduction or removal of the LAN funding will mean that the current providers are unable to continue delivering services	This is unkely as all LAN forms a small element of the funding arrangements for these providers, however the impact will be considered through consultation process.
There is a risk that a reduction of the LAN could increase costs in other areas of the Council (e.g. an impact on children's services budgets)	Impact will be considered through consultation process.

7 Other options considered

7.1 As part of the Councils budget planning process members were asked to consider potential removal of the entire amount of the LAN. This option was rejected and consideration given instead to a further reduction to the LAN.

8 Equality duty

8.1 The Council has a duty under Section 149 of the Equality Act 2010 to have due regard in the exercise of its functions to the need to eliminate discrimination, harassment and victimisation and the need to promote equality of opportunity for those that share a protected characteristic and those who do not. This impact will be considered through the consultation process.

9 Social value

9.1 Almost all the LAN providers are third sector, not for profit organisations. These organisations provide additional social value by attracting inward investment in the form of public grants and charitable fundraising as well as social capital in the form of volunteering and campaigning activity. As part of the consultation, consideration will be given to how these benefits can continue to be delivered, working with these organisations at a local level and collectively.

10 Crime and Disorder Implications

10.1 There are no crime and disorder impacts expected as a result of this consultation, however this will be considered through the consultation period.

11. Human Rights Implications

11.1 There are no human rights impacts expected as a result of this consultation, however this will be considered through the consultation period

Kim Curry
Executive Director People Services

Dave Sargeant
Director of Adults' Services (temp)

Contact: Sarah Farragher, Head of Adult Improvement,
Sarah.farragher@westsussex.gov.uk

Appendix 1: Breakdown of current LAN alloaction

Background Papers: None

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Appendix one: breakdown of current LAN funding

Provider	Initial allocation
CAB - base grant	£35,000
Children & Family Centres	£80,000
Crawley Open House	£7,500
Furnihelp	£7,500
Horsham Matters	£7,500
Stonepillow	£10,000
Turning Tides	£7,500
Granddads Front Room	£2,500
Sub total	£157,500
Foodbank (Bognor Regis)	£5,000
Foodbank (Chichester)	£5,000
Foodbank (shoreham)	£5,000
Foodbank Horsham	£5,000
Foodbank (Haywards Heath)	£5,000
Foodbank (Worthing)	£5,000
Foodbank (East Grinstead)	£5,000
Foodbank (Littlehampton)	£5,000
Sub Total	**£40,000**
Totals	**£197,500**
Total allocated	**£197,500**
Unassigned funds	£2,500
total grant available	**£200,000**

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Health and Adult Social Care Select Committee

26 September 2019

West Sussex Suicide Prevention Strategy 2017-20

Report by Director of Public Health

Summary

Suicide is the biggest killer of men aged 49 and under, and the leading cause of death in all people aged 20–34 years in the UK. The West Sussex Suicide Prevention Strategy 2017-20 outlines priority areas for preventative action in the county and the West Sussex Suicide Prevention Steering Group is the multi-agency body maintaining oversight of suicide prevention activity in the county.

Self-harm prevention is one of the priority areas in the strategy. Reducing emergency admissions for self-harm is also a corporate priority in the West Sussex Plan.

Focus for scrutiny

Further to a recommendation from the House of Commons Health Select Committee, the Health and Adult Social Care Select Committee is asked to consider the West Sussex Suicide Prevention Strategy 2017-20 to ensure that the plans within it have been effective in their implementation.

The Chairman will summarise the output of the debate for consideration by the Committee.

Proposal

1. Background and Context

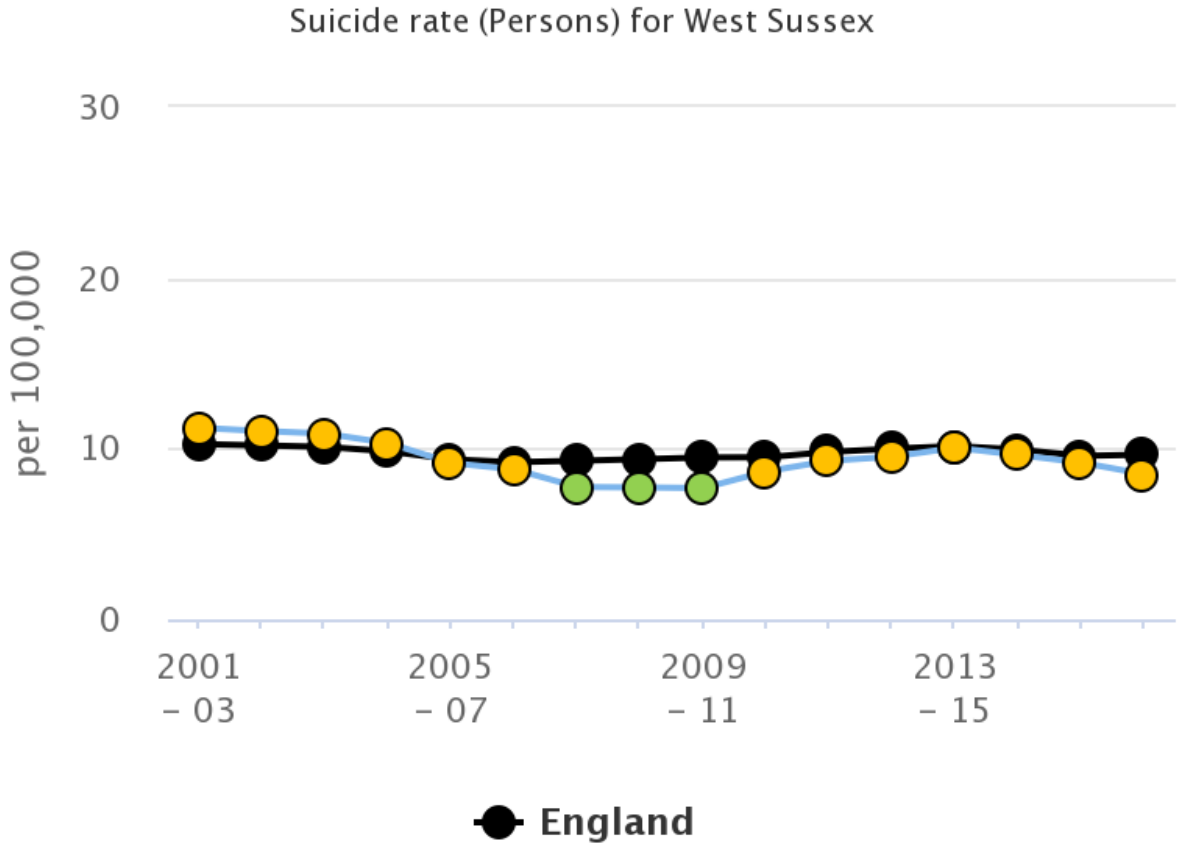
1.1 Suicide is the biggest killer of men aged 49 and under, and the leading cause of death in people aged 20–34 years in the UK. Suicide has a profound and enduring impact on families, friends, colleagues and the wider community.

1.2 There are also serious economic impacts; it is estimated that in England the average cost per completed suicide for those of working age is £1.67m (at 2009 prices). In West Sussex this equates to estimated suicide-related costs of £367.4m between 2013 and 2015. This includes lost output, police time and funerals, as well as intangible costs such as loss of life and distress of relatives. 60% of these costs relate to those bereaved.

1.3 Office of National Statistics data on the number / rate of people who have completed suicide in West Sussex is available up until 2016-2018 (three year bands are used due to small numbers). Although they are not statistically significantly lower than England, rates in West Sussex have declined from 10.0 per 100,000 population in 2013-15 to 8.5 100,000 population in 2016-

2018. The rate for males in 2016-18 is 13.2 per 100,000 population and for females it is 4.0 per 100,000 population.

Figure 1: Suicide rate per 100,000 population for West Sussex and England from 2001-03 to 2016-18



1.4 In 2012 the Government published its national strategy 'Preventing Suicides in England' outlining priority areas for action. This recommended that all local areas develop a suicide prevention action plan. The multi-agency West Sussex Suicide Prevention Steering Group (SPSG) coordinates and maintains oversight of local implementation of national strategy and policy and addresses local priorities.

1.5 To improve understanding of local issues, West Sussex Public Health Research Unit carried out an audit of suicides in West Sussex between 2013 and 2015. This collected data on demography, circumstances of death, personal circumstances, risk factors, physical and mental health problems and access to support. The audit was used to inform the West Sussex Suicide Prevention Strategy 2017-20 (see Appendix B), which was formally signed-off in March 2018.

1.6 The priority areas for action in the strategy are:

- Focus on reducing suicides in vulnerable middle aged and older people, particularly those experiencing financial difficulties and social isolation

- Focus on preventing suicides in people in contact with mental health services, particularly those recently discharged or disengaged from care
- Focus on preventing suicide in people who misuse alcohol or drugs, particularly those with a dual diagnosis
- Focus on reducing self-harm, particularly in young people
- Focus on preventing suicide in people with long-term conditions or requiring end of life care, and their carers
- Improve support for people bereaved or affected by suicide
- Increase confidence and skills of paid and volunteer workers to support people at risk of suicide, maximising the use of existing resources and support
- Reduce access to the means of suicide, focusing on self-poisoning, railways and other public places
- Monitor suicide patterns and trends in West Sussex

See Appendix A for a summary of activity across the strategy's nine priority areas.

1.7 Suicide prevention is also a priority mental health area for Sussex Health and Care Partnership [Sustainability and Transformation Partnership (STP)] which covers Brighton and Hove and East Sussex as well as West Sussex. Resource has been awarded to the STP specifically for suicide prevention activity for 2019-20; activity in other STP workstreams will also impact on this area. A programme manager has been recruited to oversee delivery.

Self-harm

1.8 While preventing self-harm is a strategic priority for suicide prevention in the county, it should also be considered as a separate area in its own right. While a third of all people who complete suicide are known to have self-harmed previously, there are significant differences between the two areas in terms of risk factors.

1.9 Self-harm can be defined as the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and / or self-neglect. In 2017-18 there were 1,743 emergency admissions for self-harm in West Sussex, a rate of 222 per 100,000 population.

1.10 In terms of trends, over the five year period from 2013-14 to 2017-18, emergency admission rates in the county have been consistently higher than for England. They have not shown a significant increase or decrease. The numbers of admissions for 2016-17 and 2017-18 are lower than those for the previous three years. Emergency hospital admissions for intentional self-harm is a key indicator for the Strong Safe and Sustainable component of the West Sussex Plan,with a reduction in activity of 176 admissions per 100,000 population set for March 2020. Figures for hospital admissions for self-harm 2017-18 are attached at Appendix C.

1.11 In 2016-17 and 2017-18, single admissions represented less than two-thirds (63.6%) of all admissions. Around 50 individuals (2% of total number of people) accounted for 370 self-harm admissions that occurred in 2016/17 to 2017/18 (11% of the total number of admissions). These persons were admitted for self-harm five or more times during the two year period.

1.12 Females (all ages) are more likely than males (all ages) to be admitted for self-harm – 68.5% compared to 31.5% in 2017-18. However, the majority of people who self-harm will not present at hospital and be included as part of the statistics. Only the most serious cases are admitted to acute care and these form the 'tip of the iceberg'.

1.13 West Sussex Public Health Team self-harm rapid needs assessment was signed-off in August 2019. This provides a detailed analysis of activity in the county and identifies key areas for action. West Sussex County Council has commissioned an emotional wellbeing service for schools and a self-harm lead focussing on preventing self-harm in educational settings came into post in August 2019. The Council and the NHS continue to commission services at all tiers of Child and Adolescent Mental Health Services (CAMHS). There are a number of services promoting children and young people's emotional and mental health and wellbeing including Mind The Gap, Youth Emotional Support, YMCA Downslink and Find It Out Centres.

1. Proposal

2.1 In 2017 the House of Commons Health Select Committee published a report following its inquiry into suicide prevention. The report made the following recommendation:

'We recommend that health overview and scrutiny committees should also be involved in ensuring effective implementation of local authorities' plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board.'

2.2 This report has been written to support the Health and Adult Social Care Select Commitee in considering the progress in the nine areas for action (which includes self-harm), as highlighted in the West Sussex Suicide Prevention Strategy 2017-20 (see Appendix A for a summary of activity across the strategy's nine priority areas).

2. Resources

2.1. This paper has no additional resource implications for West Sussex County Council.

Factors taken into account

3. Issues for consideration by the Select Committee

3.1 Further to a recommendation from the House of Commons Health Select Committee, the Health and Adult Social Care Select Committee is asked to consider the West Sussex Suicide Prevention Strategy 2017-20 to ensure that the plans within it have been effective in their implementation. The nine areas of action are set out in Appendix A and the Strategy is attached as Appendix B.

4. Consultation

4.1 As part of the development of the West Sussex suicide prevention strategy, a stakeholder consultation was undertaken. The specific objectives of the consultation were:

- to determine frontline workers' confidence in approaching/ signposting people contemplating suicide and people bereaved by suicide
- to estimate availability and uptake of suicide prevention training, and barriers to accessing training
- to understand barriers to frontline workers supporting people at risk of suicide
- to gather views on what resources, processes and services would help to reduce suicide in West Sussex

4.2 Local frontline workers were invited to take part in an online survey conducted via the "Have Your Say" online portal. The survey was available for completion between 6 March and 28 April 2017.

5. Risk Implications and Mitigations

Risk	Mitigating Action (in place or planned)
Strategic priorities identified in strategy are not effectively addressed resulting in both safety and reputational risk	Oversight of operational delivery maintained by West Sussex Suicide Prevention Steering Group
Strategy does not address emerging issues resulting in both safety and reputational risk	Evaluation and refresh of strategy carried out in 2020

6. Other Options Considered

6.1 Not applicable for this report.

7. Equality Duty

7.1 The strategy impacts on people and groups with protected characteristics in several areas:

- Age and sex: Suicide is the biggest killer of men aged 49 and under, and the leading cause of death in all people aged 20–34 years in the UK
- Females (all ages) are more likely than males (all ages) to be admitted for self-harm.

- Sexuality: LGBT people are at increased risk of both suicide and self-harm
- Marital status: The process of becoming widowed (bereavement) increases the risk of suicide and self-harm.

8. Social Value

8.1 Not applicable for this report.

9. Crime and Disorder Implications

9.1 Not applicable for this report.

10. Human Rights Implications

10.1 Not applicable for this report.

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Appendices:

- **Appendix A**: West Sussex Suicide Prevention Strategy 2017-19 – an overview of activity.
- **Appendix B**: West Sussex Suicide Prevention Strategy 2017-20
- **Appendix C**: Hospital admissions for self-harm 2017-18 briefing

Appendix A: West Sussex Suicide Prevention Strategy 2017-20 Priority areas and overview of key activity

Priority Area 1: Focus on reducing suicides in vulnerable middle aged and older people, particularly those experiencing financial difficulties and social isolation

- There is a comprehensive range of support for mental health and wellbeing at all tiers in the county, including:
  - The Pathfinder consortium (10 voluntary sector organisations and Sussex Partnerhship NHS Foundation Trust) provides non-clinical support, advice and signposting, engaging with 4119 indiviudals in 2018/19.
  - Sussex Community Foundation Trust's 'Time to Talk' service provides Cognitive Behavioural Therapy for people suffering from anxiety and depression as part of the national Improving Access to Psychological Therapies programme (IAPT). In Coastal West Sussex CCG and Horsham and Mid-Sussex CCG around 20% of people suffering from anxiety and depression are entering therapy which is line with the England rate. For Crawley CCG this increases to 25% which is greater than the England rate.
  - Over the next 12 months there will be a major expansion of NHS mental health crisis services in West Sussex

- The Samaritans provide emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide over the phone, in person, or via email or letter. They also provide a targeted programme of support for workplaces, schools, prisons and the military. Published national data shows that in 2018, Samaritans volunteers responded to over 3.6m calls for help by telephone, 675,757 calls for help by SMS – 17% more than in the previous year - as well as 332,411 calls for help by email, an increase of 15%. Samaritans volunteers responded to around 1,200 calls for help by letter and provided face to face support on over 30,000 occasions.

- Citizens Advice Bureau (CAB) provides advice to those experiencing financial difficulties. Social prescribing programmes providing non-clinical referral in primary care are being rolled out across the county and provide support and signposting for those experiencing financial difficulties. 51,940 cases of client assistance took place across all channels in 2017-18.

- West Sussex County Council commissions a wide range of services tackling social isolation for older people. 3,200 older people attended day activities on 65,800 occasions in in 2018-19 and 4,615 received befriending support. West Sussex adult social care also focusses on tackling social isolation as part of preventative social care.

- There are a very large number of voluntary sector activities taking place in West Sussex that bring people together. The Men in Sheds project aims to encourage social connections, friendship building and skill sharing amongst men.

Priority Area 2: Focus on preventing suicides in people in contact with mental health services, particularly those recently discharged or disengaged from care

- Suicide prevention is a key strategic priority for Sussex Partnership NHS Foundation Trust, the county's mental health trust as detailed in their Towards Zero Suicide strategy, currently in draft form. The Trust provides follow-up activity to psychiatric patients discharged from acute hospitals within 72 hours.

Priority Area 3: Focus on preventing suicide in people who misuse alcohol or drugs, particularly those with a dual diagnosis

- Public Health commissions Change Grow Live to provide drug and alcohol treatment services in the county; there were more than 1500 users of the service in 2018/19. The service specification explicitly states that the provider will work with other services in contact with individuals with a dual diagnosis to provide more integrated and effective care packages to achieve mutual outcomes. There are a number of homeless support services to improve access and care for homeless individuals, a group with high rates of dual diagnosis.

Priority Area 4: Focus on reducing self-harm, particularly in young people

- West Sussex Public Health Team self-harm rapid needs assessment was signed-off in August 2019. This provides a detailed analysis of activity in the county and identifies key areas for action.
- The Council has commissioned an emotional wellbeing service for schools and a self-harm lead focussing on preventing self-harm in educational settings came into post in August 2019.
- The Council and the NHS continue to commission services at all tiers of Child and Adolescent Mental Health Services (CAMHS). There are a number of services promoting children and young people's emotional and mental health and wellbeing including Mind The Gap, Youth Emotional Support, YMCA Downslink and Find It Out Centres.

Priority Area 5: Focus on preventing suicide in people with long term conditions or requiring end of life care, and their carers

- Sussex Community Foundation Trust's Time to Talk Health service focusses specifically on people living with long-term conditions. The service offers phone consultations, one-to-one sessions and group work with others who experience the same symptoms. 1170 patients have completed treatment since the services launch in May 2017.
- Promoting Compassionate Communities supporting improved end of life care is one of the four strategic priorities in the West Sussex Joint Health and Wellbeing Strategy 2019-24. West Sussex Public Health has convened a county wide multi-agency working group to drive improvements in this area which will hold its first meeting in September 2019.
- West Sussex County Council commissions a programme of Carers'; Support. This includes the following:
  - Advice, information and support service - 60 carer support groups running each month
  - Carers assessments

- Carer Learning and Wellbeing Programme (Modula training, 12 topics)
- Emotional support and counselling
- Emergency planning and support - Carers Alert Card
- Carer short break respite services (planned & emergency)
- Health and wellbeing payments
- Assistive technology/equipment for independence offer
- Specialist carer bereavement support
- Return to work/training support
- Carers Health Team

Priority Area 6: Improve support for people bereaved or affected by suicide

- Sussex Community Foundation Trust Child Death Service is for families who have experienced the death of a child from age 0 up to their 18th birthday. A home visit is made initially to make an assessment of the needs of those in the family with ongoing visits from a keyworker.
- There is a range of voluntary and community sector bereavement support including: Winston's Wish offers bereavement services to families with children under 18 who have experienced a traumatic bereavement; Cruse offers support, advice and information to children, young people and adults when someone dies; Survivors of Bereavement through Suicide offers peer support throughout the county.
- West Sussex County Council Public Health Team are leading on developing an agreed bereavement pathway for the county including sudden and unexpected deaths to improve coordination of support.

Priority Area 7: Increase confidence and skills of paid and volunteer workers to support people at risk of suicide, maximising the use of existing resources and support

- Coastal West Sussex Mind provides mental health awareness training to the wider workforce and staff within primary care.
- Grassroots is a Brighton based suicide prevention charity which delivers a number of training courses and also provides resources and information
- Sussex Partnership NHS Foundation Trust has a requirement for all staff to undertake suicide awareness / prevention training
- West Sussex County Council continues to provide mental health training to employees and Private, Voluntary and Independent (PVI) service providers
- Sussex Armed Forces Network website provides online training in mental health issues affecting the armed forces and suicide prevention

Priority Area 8: Reduce access to the means of suicide, focusing on self-poisoning, railways and other public places

- Network Rail and British Transport Police continue to review incidents and make environmental modifications where necessary. For example, there have been extensive modifications at Durrington Station at which there were a number of fatalities.

Priority Area 9: Monitor suicide patterns and trends in West Sussex

- In addition to monitoring national data, there have been a number of detailed analyses of local patterns and trends. These include:
  - West Sussex Suicides Audit 2013-15
  - West Sussex Drug Deaths Audit 2015-17 (forthcoming)
  - Self-harm in West Sussex: a rapid needs analysis (2019)
- Sussex Health and Care Partnership is currently reviewing optimum way of monitoring suicide in order to identify trends and potential contagion.

West Sussex
Suicide Prevention Strategy 2017-2020

west sussex county council

Acknowledgments

Thanks to all the members of the West Sussex Suicide Prevention Steering Group for their support in developing this strategy.

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CONTENTS

1 FOREWORD

When someone takes their own life, it is not only a personal tragedy but it also has a huge impact on family, carers, friends, colleagues and those providing support as well as members of the community. It is widely recognised that many suicides could be prevented.

The Suicide Prevention Strategy has been co-ordinated by the West Sussex Suicide Prevention Steering Group and its development has been overseen by the West Sussex Health and Wellbeing Board. The strategy aims to reduce the amount of people taking their own lives and address risk factors associated with suicide in West Sussex.

Suicide prevention has been on the work programme for the West Sussex Health and Wellbeing Board as suicide is the biggest killer of men aged 49 and under as well as the leading cause of death in people aged 10–34 years in the UK. Suicide rates in West Sussex have been increasing since 2008, in line with national trends.

This strategy will be developed into an Action Plan in 2018 so that practices can be implemented to start reducing West Sussex suicide rates while supporting those who experience complex mental health issues.

Amanda Jupp - Cabinet Member for Adults and Health

2 EXECUTIVE SUMMARY

Introduction

Suicide is the leading cause of death in people aged 20–34 years in the UK. In West Sussex suicide-related costs, including lost output, police time and funerals, were estimated to be £367.4 million between 2013 and 2015. It is widely recognised that suicides are preventable.

Aims

- To reduce the number of people taking their own lives in West Sussex
- To address the risk factors associated with suicide in West Sussex

Policy context

The 2012 cross-Government National Suicide Prevention Strategy for England highlighted six priority areas for action:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide
6. Support research, data collection and monitoring

What we know about suicides in West Sussex

- West Sussex has generally had **similar suicide rates to the rest of England**, though suicide rates have been steadily **increasing** in West Sussex and England.
- More than three-quarters of all suicides in West Sussex were **men.**
- The highest frequency of suicides is in **early middle age;** suicides are less common in those under 45 years in West Sussex compared to England.
- The most common suicide methods in West Sussex are **hanging (46%), self-poisoning (24.4%) and railway deaths (11.3%).** Self-poisoning and railway deaths may be more common than in England.
- Nearly two-thirds of those who die by suicide in West Sussex have a **mental illness**, which is similar to the rest of England.
- There is a history of **self harm** in a third of suicides locally. Emergency hospital admissions for self-harm are significantly higher than England and are increasing.
- Other important suicide risk factors locally include **deprivation, substance misuse, social isolation, having a long term condition, being a carer** and **bereavement.**
- In over a third of suicides, individuals have **seen their GP in the month before** they died. Around half of cases are **known to mental health services** and one third of those were seen within the week before death.

Stakeholder engagement

An online stakeholder consultation of front line workers across sectors found:

- **Three quarters of respondents had ever spoken about suicidal thoughts** with customers, clients or patients, including respondents from all sectors including housing, libraries and education.
- Yet **41% of respondents did not feel confident** about talking to someone who was feeling suicidal. Library staff, emergency services and community health services were the least confident.
- The biggest **barriers** to supporting people at risk of suicide were **not having received relevant training,** not being confident and being worried that talking would make a suicide attempt more likely.
- Suggested actions to improve suicide prevention were: **Increased awareness of where to signpost and clearer referral pathways; training for frontline workers; more accessible mental health support; awareness raising to reduce stigma and publicise support available; and development of networks and leadership.**

Priority areas for action in West Sussex 2017-2020

The following priority areas for action were identified on the basis of local patterns and risk factors for suicide, and the stakeholder consultation findings:

1. **Focus on reducing suicides in vulnerable middle aged and older people, particularly those experiencing financial difficulties and social isolation**
2. **Focus on preventing suicides in people in contact with mental health services, particularly those recently discharged or disengaged from care**
3. **Focus on preventing suicide in people who misuse alcohol or drugs, particularly those with a dual diagnosis**
4. **Focus on reducing self harm, particularly in young people**
5. **Focus on preventing suicide in people with long term conditions or requiring end of life care, and their carers**
6. **Improve support for people bereaved or affected by suicide**
7. **Increase confidence and skills of paid and volunteer workers to support people at risk of suicide, maximising the use of existing resources and support**
8. **Reduce access to the means of suicide, focusing on self-poisoning, railways and other public places**
9. **Monitor suicide patterns and trends in West Sussex**

3 INTRODUCTION

Suicide is the biggest killer of men aged 49 and under and the leading cause of death in people aged 20–34 years in the UK [1]. Suicide has a profound and enduring impact on families, friends, colleagues and the wider community. Between 6 and 60 people are thought to be affected by every suicide (Public Health England, 2016). There are also serious economic impacts; it is estimated that in England the average cost per completed suicide for those of working age is £1.67m (at 2009 prices). In West Sussex this equates to estimated suicide-related costs of £367.4 million between 2013 and 2015[2]. This includes lost output, police time and funerals, as well as intangible costs such as loss of life and distress of relatives. 60% of these costs relate to those bereaved (Knapp, McDaid, & Parsonage, 2011).

[1] Source: Deaths registered in England and Wales (Series DR) 2015: ONS Statistical bulletin

[2] There were 220 suicides between 2013 and 2015 in West Sussex. These costs may be an underestimate as (i) they relate to 2009 prices (ii) South East England and West Sussex generally outperform most of England in terms of output.

Suicide rates in West Sussex have been increasing since 2008, in line with national trends. A recent audit of all suicides in West Sussex between 2013 and 2015 has provided unique insights into local patterns of suicide (see Section 6).

It is widely recognised that suicides are preventable. The multi-agency West Sussex Suicide Prevention Steering Group was set up to coordinate local implementation of the national strategy 'Preventing Suicides in England' (see Section 5). The Steering Group's achievements to date are presented in Section 8. An engagement exercise was recently carried out to determine the needs and views of front line workers in relation to suicide prevention (see Section 7). This suicide prevention strategy draws together findings from the suicide audit and engagement work to present a set of priority areas for action in West Sussex for 2017 to 2020 that are aligned with national strategic priorities (see Section 9).

4 AIMS

The overall aims of this strategy are:

- to reduce the number of people taking their own lives in West Sussex
- to address the risk factors associated with suicide in West Sussex

5 POLICY CONTEXT

5.1 National context

The **Five Year Forward View for Mental Health** set the ambition that by 2020/21 the suicide rate will be reduced by 10% nationally compared to 2016/17 levels (Mental Health Taskforce to the NHS in England, 2016). The 2012 **cross-Government National Suicide Prevention Strategy for England** (Department of Health, 2012) highlighted six priority areas for action to achieve this:

1. Reduce the risk of suicide in key high-risk groups including men, people in the care of mental health services, people with a history of self harm, those in contact with the criminal justice system and specific occupational groups.

2. Tailor approaches to improve mental health in specific groups including children and young people, people with long term physical health conditions, people in vulnerable social and economic circumstances, and people who misuse alcohol or drugs.

3. Reduce access to the means of suicide, including at high-risk locations and on rail networks.

4. Provide better information and support to those bereaved or affected by suicide as this group are at increased risk of mental health problems and may be at higher risk of suicide themselves.

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour as there are strong links between media reporting of suicide and imitative suicidal behaviour.

6. Support research, data collection and monitoring

The **National Strategy Refresh**, published in January 2017, strengthened its focus on preventing suicide in men, addressing self-harm, and increasing support for people bereaved by suicide (Department of Health, 2017). **Public Health England (PHE)** have produced several valuable guidance documents for local authorities on the implementation of the national strategy at the local level (Public Health England, 2016).

The March 2017 report of the **House of Commons Health Committee on Suicide Prevention** (House of Commons Health Committee, 2017) emphasised the importance of reaching those at risk but not accessing traditional services; the need to improve training of clinicians in the identification of suicide risk; the need for follow up plans for patients presenting with self-harm; the need for high quality support for individuals bereaved by suicide and the

need for rapid communication between agencies so that public health teams can respond to possible suicide clusters.

The **Public Health Outcomes Framework** includes suicide rate as an indicator (4.10) of the numbers of people dying prematurely. There is also a suicide indicator in the Department of Health's **NHS Outcomes Framework 2016 to 2017**: 1.5 iii *Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services.*

5.2 Local context

Priority 2 (Wellbeing and Resilience) of the **West Sussex Joint Health and Wellbeing Strategy** is to develop *"a comprehensive system to support wellbeing and resilience for the whole of the West Sussex population, that is locally based and better integrated with treatment services"* (West Sussex County Council, 2015). Working to prevent suicides in West Sussex will help to achieve this outcome through ensuring individuals and families are resilient to economic and other pressures and filling gaps in current services.

The 2015 **Sussex Partnership NHS Foundation Trust Suicide Prevention Strategy** (Sussex Partnership NHS Foundation Trust, 2015) included a commitment to working with local public health teams on suicide prevention. Many of the actions align with this strategy, such as supporting people who are bereaved as a result of suicide.

One theme of the **West Sussex Mental Health Crisis Care Concordat Action Plan** (October 2015 update) (West Sussex Crisis Care Concordat, 2015) is to improve access to support before crisis point, and to support implementation of the West Sussex Suicide Prevention Strategy. One action was to support implementation of mental health training packages for all public facing agencies.

This strategy also aligns with the **West Sussex Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan** 2015-2020, which includes a focus on early intervention and prevention and emphasises collaboration between providers.

6 WHAT WE KNOW ABOUT SUICIDES IN WEST SUSSEX

6.1 Data sources

A range of data sources have been used to create a picture of who dies by suicide in West Sussex, the methods used, the important local risk factors for suicide and what contact those who die by suicide have with health services. Key data sources include:

- Local level audit of coroner's inquests for suicides spanning 2013 and 2015 (see Appendix A)
- PHE Suicide Prevention Profile and Crisis Care Profile
- Office of national statistics
- Hospital episode statistics
- The annual report and 20 year review of the National Confidential Inquiry into Suicides and Homicides by People with Mental Illness

There are some differences in the suicide data between the West Sussex audit and the routine data sources used. Most notably, there were 220 suicides reported by the ONS between 2013-2015, and 213 suicides recorded in the local audit. These differences arise because of slight differences in the ONS and audit inclusion criteria. Directly age standardised rates have been presented where possible, in order to allow comparability between areas within West Sussex and against England.

6.2 Suicide rates

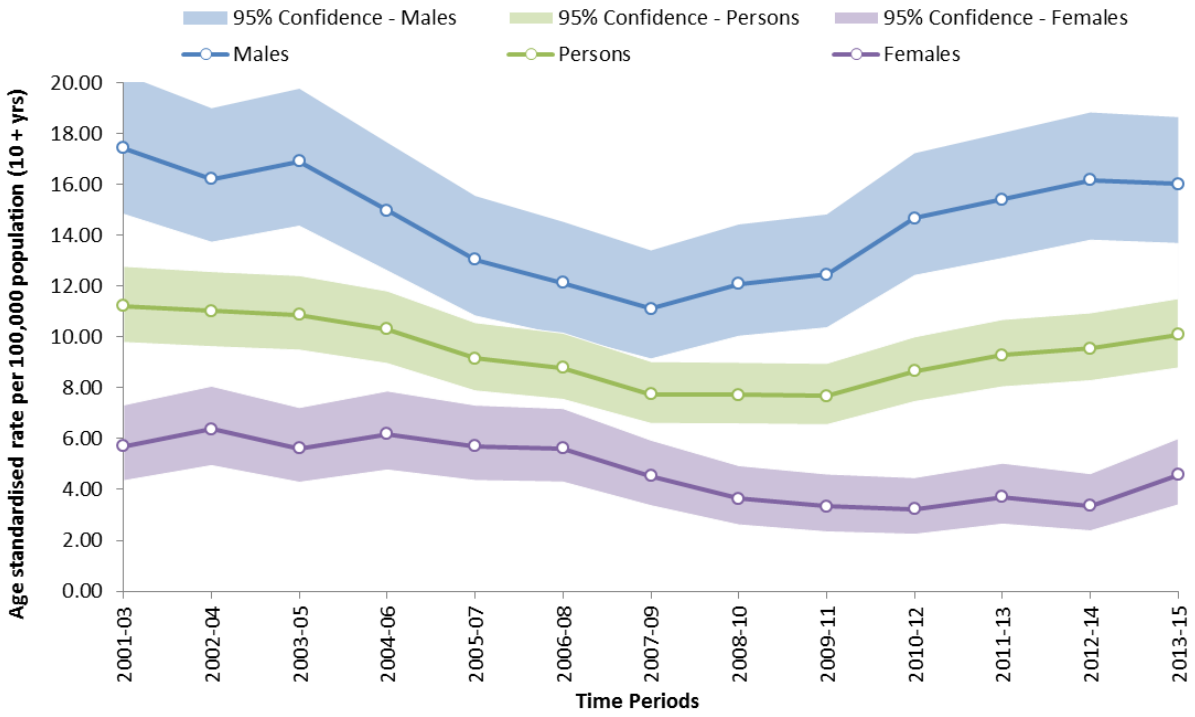
6.2.1 Overall

In 2013- 2015 there were 220 suicides in West Sussex, which equates to an age standardised rate of 10.1 suicides per 100,000 population per year[3]. Over the last 15 years West Sussex has generally had similar suicide rates to the rest of England, with the exception of 2007-2011 when local suicide rates were significantly lower than the national average. More recently, suicide rates have been steadily increasing in West Sussex and England[4].

[3] Source: ONS

[4] Source: Public Health Outcomes Framework

Figure 1 Directly age-sex standardised rate of suicide in West Sussex per 100,000 population; males, females and persons; 2001-03 to 2013-15



Source: ONS

6.2.2 Gender

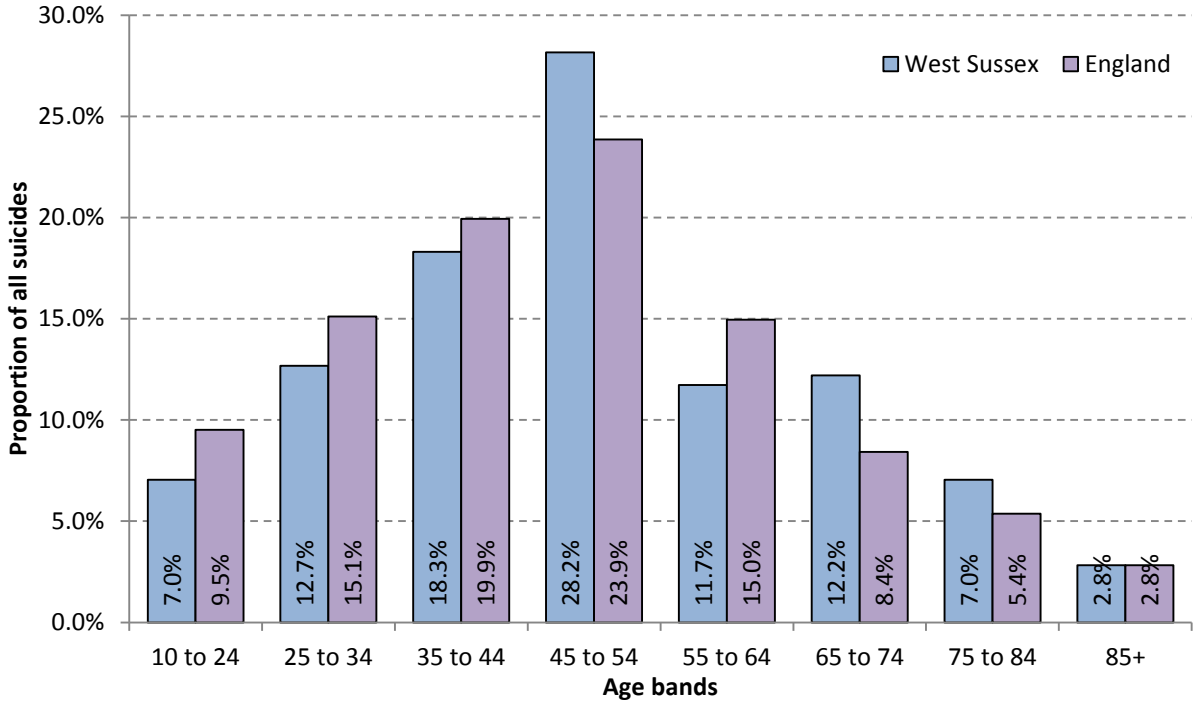
Reflecting patterns across England, suicide rates in West Sussex are higher in men (16.0/ 100,000 population in 2013-15) compared to women (4.6/100,000 population). Between 2013 to 2015, more than three-quarters of all suicides in West Sussex were men (168 of 220 suicides)[5].

6.2.3 Age

In West Sussex, the audit found that the highest frequency of deaths was in early middle age, with nearly 30% of deaths occurring between the ages of 45 and 54.There were less than 5 deaths recorded among under-18 year olds (both male) and fifteen deaths in under-25s (7.0% of total). In general a lower proportion of suicides involve age groups less than 45 years in West Sussex compared to England (Figure 2).

[5] Source: ONS

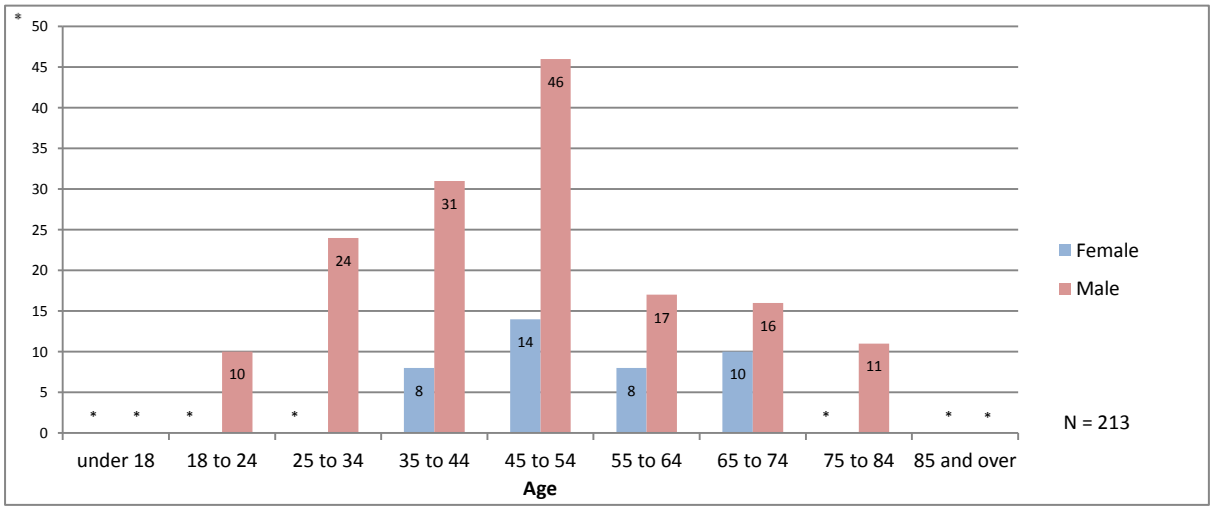
Figure 2 Suicides by Age Band, West Sussex and England (2013 to 2015)



Sources: ONS - Suicides in England, 2015 (year registered); West Sussex Suicide Audit (year of inquest). Note. This data is taken from two different sources and is therefore should be viewed with a degree of caution.

In West Sussex, men appear to be more likely to take their own lives at an earlier age; only 26.9% of female deaths were under the age of 45, compared with 41.6% of male deaths. One in three females was aged 65 or over, as were one in five males (see figure 3).

Figure 3 West Sussex suicide audit: number of deaths by age and gender



Source: West Sussex Suicide Audit (cases with inquest dates in 2013 to 2015)
(Data supressed (*) for values fewer than five)

6.2.4 CCG and district

There are slight variations in suicide rates between CCG areas and districts in West Sussex, but these differences are not statistically significant in 2013-2015.

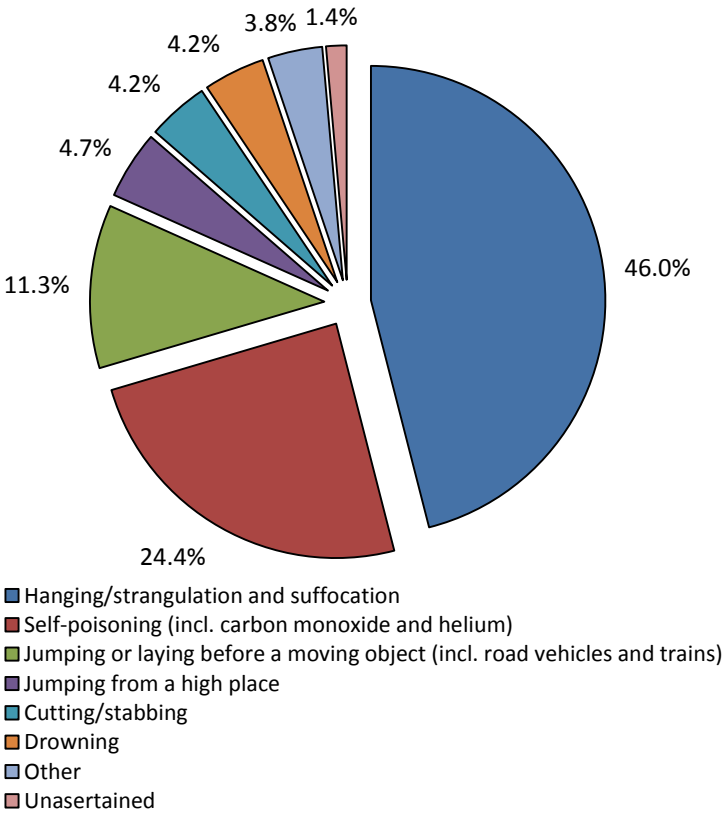
6.2.5 Time of year

Globally, seasonal patterns of suicide have been identified, with higher suicide rates typically found in spring (Christodoulou, et al., 2012). The audit did not find firm evidence for seasonal variation in suicide rates, even when deaths from the previous audit (2011-2012) were included.

6.3 Suicide method

The suicide audit found that the most common cause of death for both males and females in West Sussex was by hanging, strangulation or suffocation (46%) (figure 4). Second to this was self-poisoning, which was more common in females (27% of suicides compared to 17% in men).

Figure 4 Proportion of suicides in West Sussex during 2013-15 by method



Source: West Sussex Suicide Audit (cases with inquest dates in 2013 to 2015)

The audit found differences in the age profiles of different methods, with self-poisoning occurring more than expected in the 65+ age cohort in West Sussex. A larger proportion of deaths from rail incidents occurred in under-35 year olds compared to older ages. Three rail related deaths related to women, whilst 19 related to men. Overall a third of suicides in West Sussex involved alcohol consumption, with a higher rate in men (36%) compared to women (15%). 17% of individuals were under the influence of illicit drugs at the time of death with similar rates in men and women.

It is difficult to directly compare suicide methods in West Sussex to the rest of England due to the differences in the data sources. Whilst the three most common methods of suicide are the same in England and West Sussex, the proportions for these groups may differ (tables 1 and 2). Nearly 60% of all suicides in England recorded between 2013-2015 were due to hanging, strangulation or suffocation[6]. This compares to 46% of cases in the West Sussex suicide audit who used these methods. Conversely, the proportion of suicides by jumping or laying in front of a train or car appeared to be higher in West Sussex (11.3%), according to the audit findings, than the rest of England (6.1%)[7] [8].

Table 1 Most common methods of suicides in England during 2013 to 2015 (year of registration)

2013 to 2015	England	
	Counts	Proportion
X70 Intentional self-harm by hanging, strangulation and suffocation	6,693	59.2%
X60-69 Intentional self-poisoning	2,182	19.3%
X81 Intentional self-harm by jumping or lying before a moving object	688	6.1%
Other (X71 to X80 and X82 to X84)	1,747	15.4%
Total	11,310	100.0%

Source: NOMIS Mortality Statistics – underlying cause, sex and age for England 2013 to 2015

Table 2 Most common methods of suicide in West Sussex during 2013 to 2015 (year of inquest)

2013 to 2015	West Sussex	
	Counts	Proportion
Hanging/strangulation and suffocation	98	46.0%
Self-poisoning (incl. carbon monoxide and helium)	52	24.4%
Jumping or laying before a moving object (inc. road vehicles and trains)*	24	11.3%

[6] Source: NOMIS Mortality Statistics – underlying cause, sex and age for England 2013 to 2015

[7] Source: NOMIS Mortality Statistics – underlying cause, sex and age for England 2013 to 2015

[8] It should be noted that these proportions are based on small counts, and small changes can make a large difference particularly at lower geographies.

Other	39	18.3%
Total	213	100.0%

*22 cases involved trains and 2 involved road vehicles

Source: West Sussex Suicide Audit (cases with inquest dates in 2013 to 2015)

6.4 Location

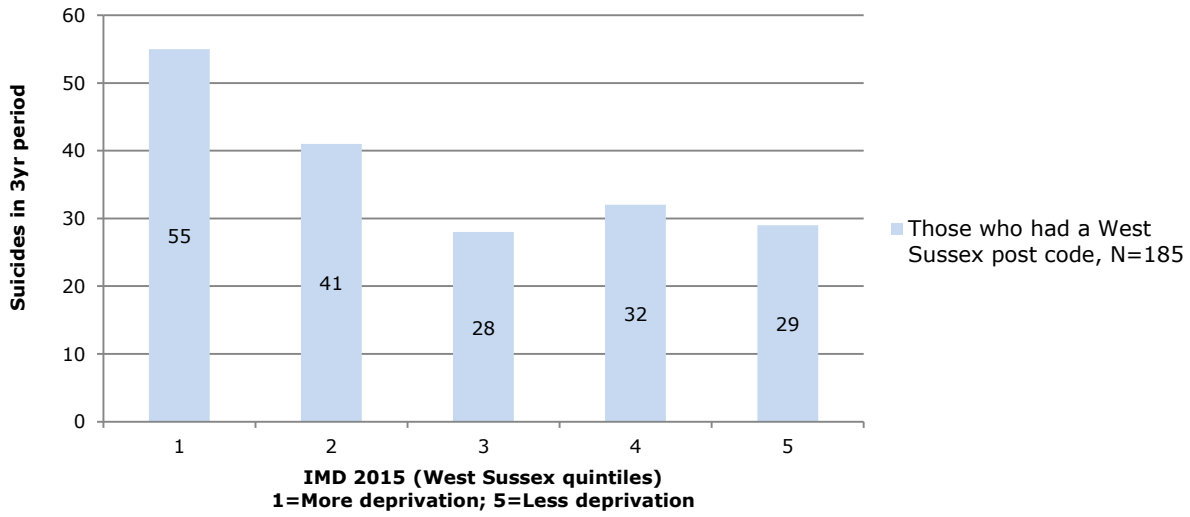
The suicide audit found that 56% of suicides took place at the individual's home; 8% were in wooded areas and a further 8% were at carparks, road bridges and other roadside locations such as laybys. With regard to rail deaths, three stations were the location of two suicides each were at/near stations where non-stopping trains passed through the station, whilst a further six stations saw one suicide each. One rail crossing, in a rural area near Chichester, was the location of three suicides, whilst a further seven crossings were the location of one suicide each.

6.5 Risk factors

6.5.1 Deprivation

A higher than expected proportion of the suicides in the audit were from residents living in the most deprived neighbourhoods in West Sussex (Figure 5), such as Bognor Regis and Worthing, and western areas of Littlehampton and Crawley. The link between suicidal behaviour and deprivation has also been shown at a national level (Samaritans, 2017).

Figure 5 Number of suicides in West Sussex by deprivation (IMD quintiles) 2013-15



Source: West Sussex Suicide Audit (cases with inquest dates in 2013 to 2015)

The audit found that in 15 cases (7%), financial difficulties, loss of benefits/eviction, or a perceived lack of opportunities were described as a primary driver for their suicide. Whilst

unemployment rates are lower in West Sussex (2.6%) compared to the rest of England (5.1%)[9], there may be localised areas of higher unemployment within the county. The National Confidential Inquiry into Suicides and Homicides by People with Mental Illness found that economic factors are becoming more common as antecedents to suicides. The inquiry found that 13% of patients who died by suicide had experienced serious financial difficulties in the previous 3 months (University of Manchester, 2016).

6.5.2 Occupation

Occupation was not analysed in the suicide audit due to low numbers with occupation recorded. National data shows that certain occupations are associated with higher risk of suicide. Low-skilled male labourers, for example construction workers, have a suicide risk 3 times higher than the male national average (ONS, 2017). Males working in skilled trades, for example, plasterers and decorators, also had more than double the risk of suicide. Other high risk groups include female culture, media and sport professions (69% higher) and female health professionals (24% higher), particularly female nurses. Previously high rates amongst farmers were not seen in the most recent ONS analysis (ONS, 2017).

6.5.3 Mental illness

In the audit, 64% of individuals were recorded as having some level of mental health problem. This aligns with national data suggesting that 63% of those who die by suicide have a mental health diagnosis (University of Manchester, 2014). Where it could be discerned from the audit case files, 99 individuals were described as having a depressive illness (46%), 18% had anxiety disorders or phobias and 8% had schizophrenia. West Sussex has a significantly higher prevalence of depression (8.6%; 95% confidence interval (CI) 8.6, 8.7)[10] compared to England (8.3%; 95% CI 8.3, 8.3), but a lower prevalence of severe mental illness (0.83% compared to 0.90%)[11].

6.5.4 Previous self-harm

A full report on self-harm in West Sussex can be found in Appendix B. In the suicide audit 34% of all individuals had a known history of self-harm (including those with suicide attempts), rising to 50% in those under 25 years. The National Confidential Inquiry found that amongst suicides in people under mental health services, 68% had a history of self-harm (University of Manchester, 2016). The risk of suicide in the 12 months following an

[9] Source: Annual Population Survey on NOMIS. Extracted from PHE Fingertips Suicide Prevention Profile

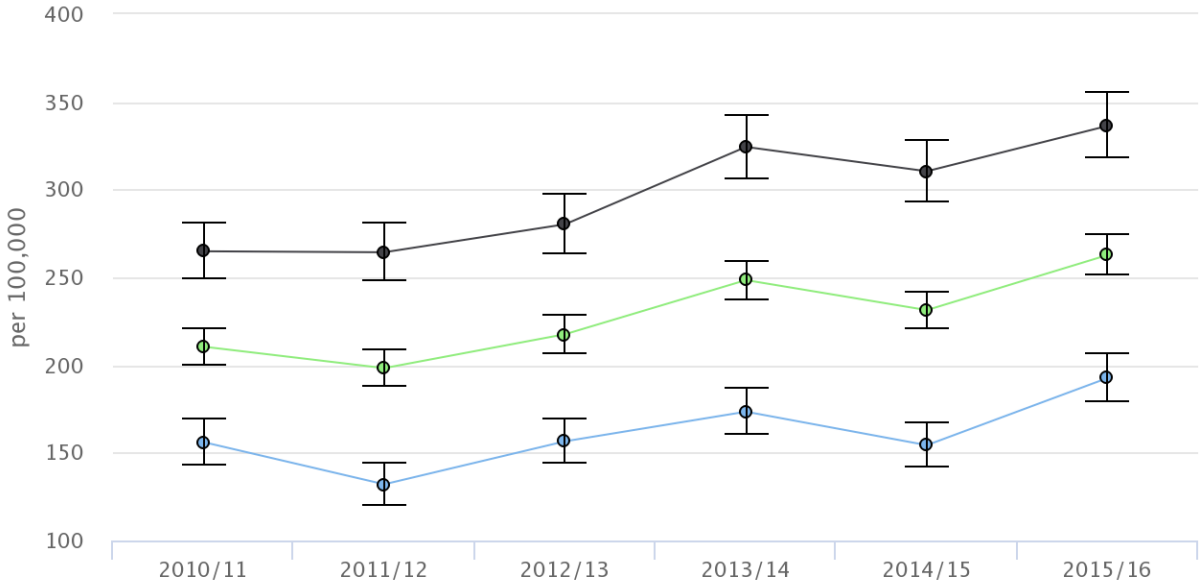
[10] Source: Quality Outcomes Framework data 2015-16 available from the Health and Social Care Information Centre; extracted from PHE Fingertips Suicide Prevention Profile

[11] Source: Quality Outcomes Framework data 2013-14 available from the Health and Social Care Information Centre; extracted from PHE Fingertips Suicide Prevention Profile

episode of self-harm is up to 66 times greater than the risk in the general population (Hawton, Zahl, & Weatherall, 2003).

In 2015/16, the directly age-sex standardised rate of emergency hospital admissions for self-harm was significantly higher in West Sussex (262.7/100,000) than England (196.5/100,000). The rate for emergency hospital admissions for self-harm in West Sussex has been steadily increasing (see figure 6). It has also exceeded the rate for England for all years since 2010/11 (except for 2011/12)[12].

Figure 6 Emergency hospital admissions for intentional self-harm in West Sussex – partitioned by sex (2010/11 to 2015/16)



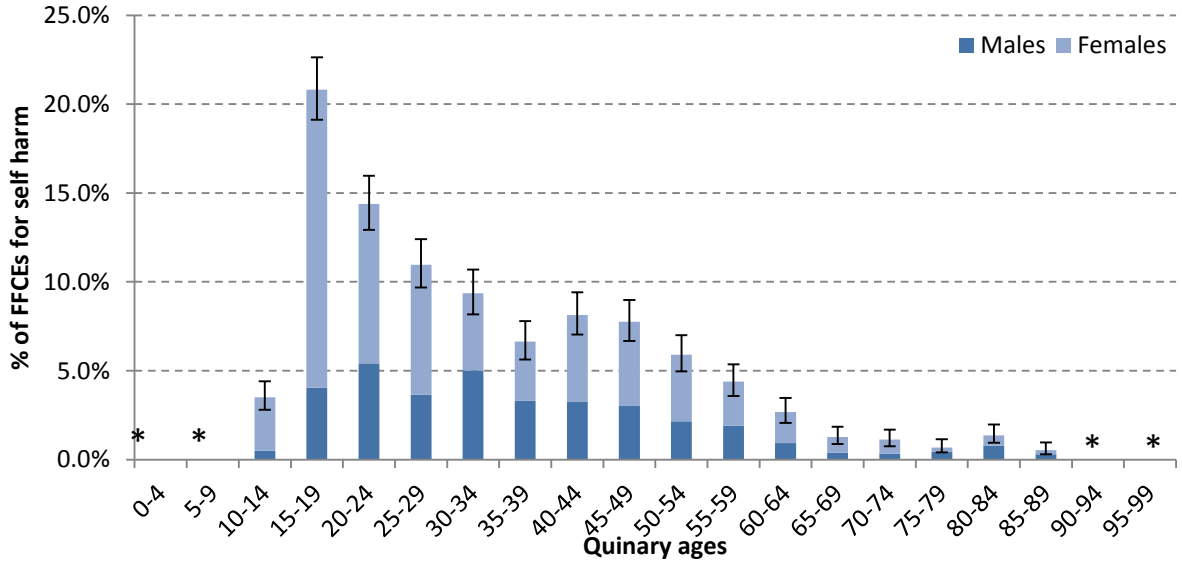
Source: PHE fingertips – inequalities tool – data partitioned by sex

In total, young people aged 10-24 account for 38.7% of all admissions for self-harm in West Sussex. Young people aged 15-19 accounted for more than a fifth of all admissions. The majority of admissions for self-harm were women (64.3% in 2015/16)[13] (see figure 7).

[12] Source: Hospital Episode Statistics 2015/16

[13] Source: Local analysis of Hospital Episode Statistics 2015/16

Figure 7 Proportion of first-finished consultant episodes (FCEs) to hospital in an emergency for self-harm in West Sussex by 5-year age groups (2015/16)



Note. * indicates where data has been suppressed due to small counts (fewer than five)

In 2015/16, the majority of emergency admissions for self-harm in West Sussex were due to intentional self-poisoning (87.2%), whilst intentional self-harm by sharp object accounted for a further 9.5%. During 2014/15 to 2015/16, there were 3,861 emergency hospital admissions for self-harm in West Sussex. Of these, 46.2% (N = 1,783) were multiple admissions (i.e. the same patient admitted twice or more within the two years) [14]. Seventy-nine individuals were admitted to hospital 5 times or more during 2014/15 and 2015/16, accounting for 17.7% of all self-harm admissions in West Sussex. People resident in the most deprived decile have more than 3 ½ times the rate of admissions for self-harm than the most affluent group[15].

6.5.5 Drug and alcohol use

32% of men and 13% of women identified in the suicide audit had a history of alcohol misuse. Roughly half of this group had consumed alcohol around the time of death. Similarly, roughly half of those with history of drug-misuse (26% of men and 17% of women) were believed to have taken drugs not prescribed to them near the time of death. The rate of opiate and crack cocaine use is significantly lower in West Sussex (4.2/1000 population) compared to the rest of England (8.4/1000)[16]. Alcohol related hospital admissions are also

[14] Source: Hospital Episode Statistics 2014/15 and 2015/16

[15] Source: Hospital Episode Statistics 2014/15 and 2015/16

[16] Source: National Treatment Agency for Substance Misuse and ONS; extracted from PHE Fingertips Suicide Prevention Profile

significantly lower in West Sussex (1050/100,000 population) compared to England (1258/100,000), although rates in Crawley CCG area are similar to England (1217/100,000)[17].

6.5.6 Interpersonal relationships and social networks

27% of people identified in the suicide audit were separated or divorced, which is higher than rates of marital breakup in the general population in West Sussex (12.2%). Marital breakup is also more common in West Sussex compared to England (11.6%)[18].

34% of suicides identified in the audit related to people living alone. This is much higher than the proportion of people living alone in the general population in West Sussex (13.5%). Living alone is also more common in West Sussex compared to England (12.8%). Furthermore West Sussex has the 10th highest rate in England (6.6%) of people over 65 years who live alone (compared to 5.2% in England)[19].

There were a number of cases (4%) where an individual (typically a father) had limited contact with their child. This was often either due to a family court order or because the other parent had moved away. In some cases, the loss of access had a significant impact on the individuals' wellbeing and there were no cases for which there was a record of counselling being offered.

6.5.7 Carers

Eight individuals in the suicide audit were identified as being the primary carer for a relative or spouse. Caring duties were described as a main driver in their deterioration of their mental health and some had requested further support. This finding aligns with the West Sussex Carers Health and Social Needs Assessment, which found that carers tend to have much worse physical and mental health compared to non-carers (West Sussex County Council, 2013). Across the UK, the risk of suicide among carers has been found to be 70% higher than the national average (though this analysis includes both care workers and home carers) (ONS, 2017). The proportion of carers who have as much social contact as they would like, whilst low, is similar in West Sussex (36.1%) compared to the rest of England (38.5%)[20].

[17] Source: Calculated by Public Health England using Hospital Episode Statistics and ONS mid year population estimates; extracted from PHE Fingertips Suicide Prevention Profile

[18] Source: Census 2011; extracted from PHE Fingertips Suicide Prevention Profile

[19] Source: Census 2011; extracted from PHE Fingertips Suicide Prevention Profile

[20] Source: Personal Social Services Survey of Adult Carers in England 2012-13, available on NHS Digital; extracted from PHE Fingertips Suicide Prevention Profile

6.5.8 Physical health and disability

The audit found that 94 cases (44%) had ongoing physical health problems or disabilities. Joint pain and/or mobility issues were present in over 10% of all cases. In several cases these conditions directly contributed to the suicide, due to pain or loss of independence. In addition, several cases had a terminal illness and had chosen to end their life before their health deteriorated further. The proportion of people whose day to day activities are limited by their health or disabilities is significantly lower in West Sussex (17.2%) compared to England (17.6%)[21].

6.5.9 Criminal justice

Up to 5% of the deaths audited concerned individuals being investigated for crimes, and the majority of these were male. Many of these were sex-crimes or relating to child pornography or grooming. Other crimes, such as financial fraud or embezzlement were also identified, mainly amongst businessmen with families or spouses.

6.5.10 Victim of violence or abuse

In the suicide audit 21% of women (n=11) and 7% of men (n=12) were known to have been the victim of violence in the past. Rates of domestic abuse incidents are significantly lower in West Sussex (17.1/1000 population) compared to the rest of England (20.4/1000)[22].

6.5.11 Bereaved by suicide or other bereavement

The audit found that 16 individuals (7.5%) had been bereaved by suicide (12 of which were family members). In addition 17 individuals (8%) had experienced a bereavement not related to suicide at some point in the past; in most cases it was not known whether this contributed to the suicide.

6.6 Contact with services

6.6.1 General practice

A previous study found that 63% of people who died by suicide had consulted their GP in the last year, and that suicide risk increased with increasing number of GP consultations, especially in the 2 to 3 months prior to suicide. In those who attended more than 24 times, risk was increased 12-fold. However, suicide risk was also found to be 67% greater amongst those who not visited the GP at all compared to those who had (University of Manchester, 2014).

[21] Source: Census 2011; extracted from PHE Fingertips Suicide Prevention Profile

[22] Source: Office for National Statistics; extracted from PHE Fingertips Suicide Prevention Profile

For 122 cases in the audit, the date of the last contact with their GP could be discerned. Sixty one individuals had visited their GP in the last year for a mental health problem, amounting to 29% of all cases and 50% of those with complete records. Of those whose records were present, 81 deaths occurred within a month (31 days) of seeing their GP last. This means that that at least 38% of all individuals had seen their GP in the month before they died; this figure may be an underestimate given that nearly half of suicide cases had no record of last GP contact. Of these, 36 visited their GP for mental health reasons, 38 visited for physical health reasons, five for both physical and mental health reasons, and two where the reason for the visit was unknown (table 3).

Table 3 Reasons for visiting GP in month prior to suicide

	Counts
Total number of cases	**213**
Number of cases known to have visited GP in month (31 days) prior to death:	81
Number for mental health reasons:	36
Number for physical health reasons:	38
Number for physical and mental health reasons:	5
Number where the reason for the visit was not recorded:	2
Number of cases with no contact with GP in month prior to death*:	132

*this includes cases that had visited a GP but not in the month before death, and those cases where no contact was recorded i.e. patients not registered, or where the information about GP visits was incomplete

Source: West Sussex Suicide Audit (cases with inquest dates in 2013 to 2015)

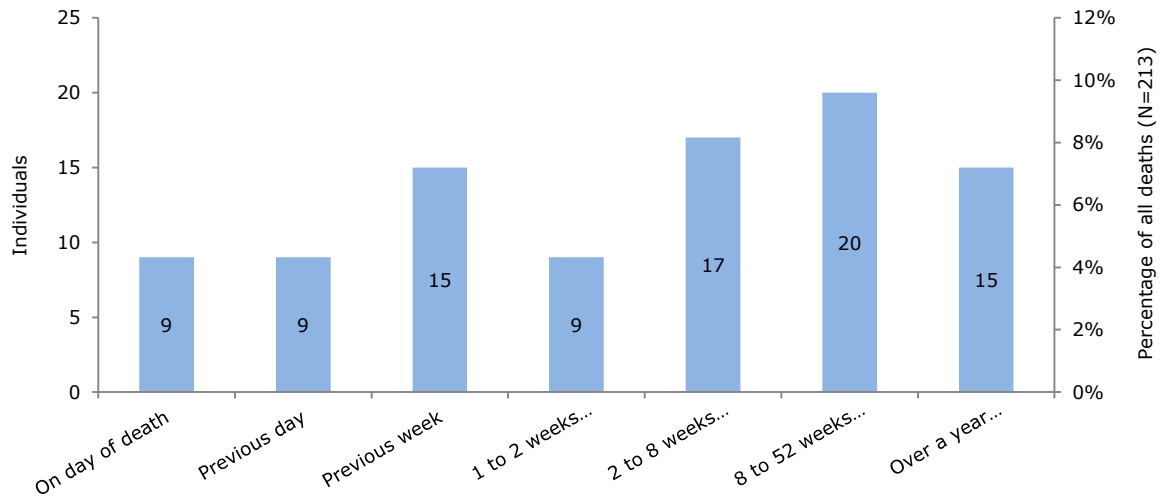
6.6.2 Mental health services

Around half of cases in the audit (107 of 213) were known to have had any contact with mental health services. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness found that between 2004-14, 28% of suicides in the UK general population were by people who had had contact with mental health services in the last 12 months. Overall, rates of suicides amongst those under mental health care are falling (University of Manchester, 2016).

The audit found that individuals had accessed a range of services including community mental health teams, crisis support and inpatient care. Contact with alcohol misuse services and substance misuse services was recorded for nine individuals (4%) and 12 individuals (6%) respectively. The date of last contact with mental health services was recorded for 94 individuals. Eighteen individuals (8.5% of all suicides and 16.8% of those with mental health service contact) were seen either on the day or the day before their death (see figure 8). In total 33 individuals were seen in the week before they died; this amounts to 15.5% of all cases and 30.8% of cases with any contact with mental health services. The National

Confidential Inquiry found that, amongst those with any contact with mental health services, 49% of suicides occurred within seven days of last contact (University of Manchester, 2016).

Figure 8 Timing of last contact with mental health services before suicide



Source: West Sussex Suicide Audit (cases with inquest dates in 2013 to 2015)

Routine data shows a very low proportion of people in contact with mental health services have a crisis plan in place in all three CCGs in West Sussex: 0.6% in Crawley, 0.2% in Coastal West Sussex and 0.1% in Horsham and Mid Sussex, compared to 13.3% in England in quarter 2 2015/2016[23]. However PHE notes some concerns regarding the quality of this data.

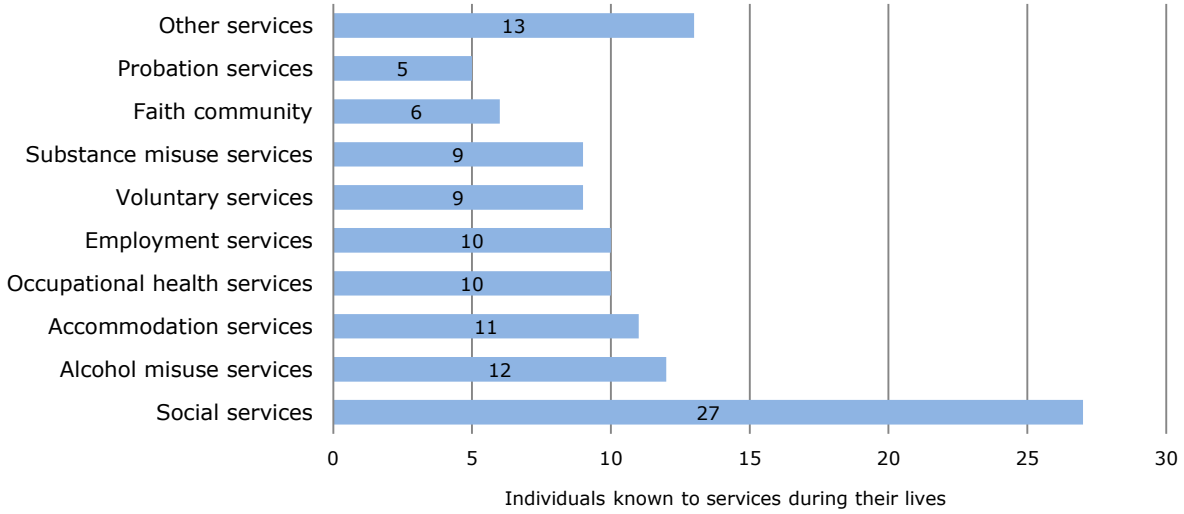
Forty-eight cases in the audit had some record of inpatient care, of which 35 cases had dates of last admission/discharge provided. Twelve of the 35 cases died whilst receiving inpatient care or within a month of discharge. The National Confidential Inquiry found that the highest risk of suicide is found in the two weeks after discharge from inpatient care. Suicides whilst receiving inpatient care are decreasing, whilst suicides under crisis resolution home treatment teams are increasing (University of Manchester, 2016).

6.6.3 Other community services

The audit found that 27 individuals (12.6%) were known to have been involved with social services during their lifetime, either receiving support themselves or as a principal family member. Several individuals had also been involved with accommodation services (5%) and employment services (5%), amongst others (see figure 9).

[23] Source: Data from the Health and Social Care Information Centre, extracted from the PHE Fingertips Crisis Care Profile

Figure 9 Number of individuals known to other services



Source: West Sussex Suicide Audit (cases with inquest dates in 2013 to 2015)

6.6.4 Accident and emergency and hospital admissions

In the audit, 60 individuals (28%) were known to have attended accident and emergency or hospital in the year before their deaths. Of these, 26 individuals attended hospital because of a failed suicide attempt or suicidal thoughts. Although records are incomplete, sufficient data exists to show that nine individuals were discharged from hospital within the month before their death, after having being admitted for a suicide attempt.

The proportion of calls to 111 from over 65 year olds that relate to mental health is significantly higher in Coastal West Sussex CCG area (35.1% (95% CI 32.9, 37.2)) and Horsham and Mid Sussex CCG area (30.4% (95% CI 26.6, 34.5)) compared to the rest of England (23.5 % (95% CI 23.2, 23.7)). Across West Sussex the proportion 111 calls relating to mental health from 18 to 64 year olds is similar or lower than the rest of England[24].

[24] Source: Health and Social Care Information Centre data extracted from the PHE Fingertips Crisis Care Profile

7 STAKEHOLDER ENGAGEMENT

7.1 Aim and methods

Local frontline workers were invited to take part in an online survey conducted via the "Have Your Say" portal. The survey was available for completion between 6th March and 28th April 2017. The specific objectives of the consultation were:

- to determine frontline workers' confidence in approaching/ signposting people contemplating suicide and people bereaved by suicide
- to estimate availability and uptake of suicide prevention training, and barriers to accessing training
- to understand barriers to frontline workers supporting people at risk of suicide
- to gather views on what resources, processes and services would help to reduce suicide in West Sussex

The consultation intended to gather the opinions of staff from a wide range of organisations and sectors, such as the voluntary sector, local community organisations, emergency services, housing and social care, primary care, and health and wellbeing services (e.g. wellbeing hubs, leisure services) among others. The full stakeholder consultation report is found in Appendix C.

7.2 Experiences of supporting people who are suicidal

There were 202 participants in the six-week online consultation. Respondents were from a range of sectors including housing, education, libraries, primary care, substance misuse services, mental health services, children, family and community services, and third sector counselling and support services (see table 4).

Table 4 Number of respondents to the consultation by sector and broad area of work

Sector	Number of respondents
Private	22
Housing	17
Other	3
Mental health services	2
Statutory	150
Library	31
Education	26
Housing	20
Children, YP, social and community services	19
Community health and wellbeing	16
Other	10
Emergency services	8
GP	7
Substance misuse	7
Mental health services	6
Third sector	30
Third sector counselling/ support	21
Housing	8
Other	1
Grand Total	202

Source: West Sussex Suicide Prevention online consultation

The majority of respondents (n=158) have daily contact with members of the public, whilst 26 have weekly contact. Three quarters of respondents had ever spoken with customers, clients or patients about suicidal thoughts, including some respondents from all sectors (see table 5). For example, 38.7% of respondents from library services and 84.4% of respondents who work in housing reported that they had spoken with someone who is suicidal. Half of those who had ever spoken about suicide said this happened 'rarely' (n=74), whilst for 46 participants it was a daily or weekly occurrence.

Table 5 The number and proportion of respondents who reported that they had spoken with customers/clients/patients about suicidal thoughts they are experiencing by job role

	Total respondents	Spoken to individuals about suicidal thoughts	% spoken to individuals about suicidal thoughts
Mental health services	8	8	100.0%
Substance misuse	7	7	100.0%
GP	7	7	100.0%
Third sector counselling/ support	21	20	95.2%
Housing	45	38	84.4%
Children, YP, social and community services	19	16	84.2%
Community health and wellbeing	16	13	81.3%
Education	26	20	76.9%
Emergency services	8	6	75.0%
Other	14	8	57.1%
Library	31	12	38.7%
	202	155	76.7%

83 respondents (41%) felt somewhat unconfident or not at all unconfident about approaching or talking to someone who was feeling suicidal. Similar numbers were not confident about approaching someone bereaved by suicide (42.6%). Levels of confidence vary by job role (see table 6). GPs and mental health staff were most likely to say that they felt confident approaching or speaking to someone who is suicidal, whereas staff from the library services were the least likely to feel confident in fulfilling this role.

Table 6 : Levels of confidence approaching or speaking to someone who is suicidal by job role

	Total respondents	Confident		Unconfident	
		Count	%	Count	%
Mental health services	8	8	100.0%	0	0.0%
GP	7	7	100.0%	0	0.0%
Third sector counselling/ support	21	17	81.0%	4	19.0%
Children, YP, social and community services	19	14	73.7%	5	26.3%
Substance misuse	7	5	71.4%	2	28.6%
Education	26	18	69.2%	8	30.8%
Housing	45	29	64.4%	16	35.6%
Community health and wellbeing	16	8	50.0%	8	50.0%
Emergency services	8	4	50.0%	4	50.0%
Other	14	4	28.6%	10	71.4%

Library	31	5	16.1%	26	83.9%
Total	202	119	58.9%	83	41.1%

Only 12 respondents (5.9%) had no knowledge of where to refer someone who was feeling suicidal, whereas 46 respondents (22.8%) would not know where to refer someone bereaved by suicide. Respondents were generally aware of a wide range of services to which they signpost someone who is suicidal, with the Samaritans and GPs most commonly cited. By far the most commonly reported barrier to supporting people at risk of suicide was not having received relevant training (56.9% respondents)(see table 7). Other frequently reported barriers were not being confident about talking to a person who appears suicidal and being worried that talking about it would make a suicide attempt more likely.

Table 7 Number and proportion of respondents who identified the following barriers to supporting people at risk of suicide

Barriers	Count	%
I have not received relevant training	115	56.9%
I'm not confident on how to approach or talk to a person who is distressed or appears suicidal	57	28.2%
I would be worried that asking a person about suicidal thoughts would make them more likely to attempt suicide	53	26.2%
I don't know how to recognize if a person is likely to be suicidal	51	25.2%
I do not know where to signpost people at risk of suicide	45	22.3%
I don't have the time to give support to individuals	40	19.8%
It's not part of my role to support people at risk of suicide	31	15.3%
I don't have the time to liaise with other services	23	11.4%
I would find it distressing to talk to someone who is suicidal	22	10.9%
Approaching or supporting people at risk of suicide is discouraged by my organisation	1	0.5%

7.3 Actions to better support people at risk of suicide

1. Awareness of where to signpost

Information on where to signpost people with suicidal thoughts was almost universally felt to be useful (97.5%)(see table 8). Respondents raised the desire for a database or centrally held list of support groups/organisations that details who they are, what they do and how they can be contacted. This could be in the form of a website, a helpline, or leaflets; "*a "one stop" access point of services and times available"* (Emergency Services). 82.2% specifically endorsed having leaflets or posters available. In addition, respondents felt having a named contact with whom they could speak to would be helpful. The role of this contact would be to provide advice and further support; "*designated lead for this area with responsibility for cross service communications and support*" (Education). This could be fulfilled by a Suicide Prevention Champion, or similar role.

There was a general feeling that workers want to know what the resources of other services are like. This will help to manage the expectations of clients, ease burden (where possible), and refer appropriately; "*better understanding or resource pressures, impacting different*

organisations and how we can work with our current resources to gain the most effective outcome for client and organisations concerned" (Housing).

Table 8 Proportion of respondents who thought the following actions would be helpful to support people at risk of suicide

Potential action to better support people at risk of suicide	% helpful	% not helpful	% don't know
Information on where to signpost people with suicidal thoughts	97.5%	0.5%	2.0%
Clear communication/referral routes between your organisation and support organisations	93.1%	1.0%	5.9%
General training for staff on mental health or emotional wellbeing	92.1%	2.0%	5.9%
Specific training for staff in your organisation on how to approach or talk to a person who has suicidal thoughts	92.1%	0.5%	7.4%
Information on which groups are at risk of suicide in your local area	83.7%	5.0%	11.4%
Guidance on confidentiality and sharing information on suicide risk with families and friends	82.7%	6.9%	10.4%
Physical resources e.g. leaflets or posters on sources of support	82.2%	5.4%	12.4%
Clear local leadership on suicide prevention	74.8%	6.9%	18.3%
A local web/social media presence relating to suicide prevention	72.8%	9.4%	17.8%
Being part of a wider network of organisations working towards suicide prevention in West Sussex	66.8%	10.9%	22.3%
Information on local suicide hotspots (i.e. locations at which there is a concentration of suicides or suicide attempts)	61.4%	18.8%	19.8%
Having a suicide prevention champion within your organisation	47.5%	19.3%	33.2%
You or your organisation making a pledge to help reduce suicides locally	46.5%	18.3%	35.1%

2. Clear referral pathways

Having clear communication and referral routes between organisations was endorsed as helpful by the vast majority of respondents (93.1%); *"clear referral routes between your organisation and support organisations – this one is absolutely key*" (education). It was felt that training, particularly across organisations, could be a good way to create links between organisations and suicide prevention support services. This was felt to help raise awareness of the support services available and to clarify referral pathways; *"training/talks direct to staff on the support services and what they do/offer"(*housing*).*

3. Training for frontline workers

Just over a quarter of respondents had been offered training in suicide prevention, the majority of whom took up the training (n=52). All but one participant found the training helpful or very helpful in learning skills in how to talk to a person who was suicidal. In contrast, nearly a quarter of those who had training found it unhelpful for learning where to sign post a suicidal individual.

The majority of respondents (92.1%) agreed that receiving training on mental health and how to speak with someone experiencing suicidal thoughts would help them to better

support people at risk of suicide. Some respondents specified that training school staff, social workers, youth workers and carers, would be important. It was suggested that training should cover the signs of suicidal thoughts, what to say, how to listen, and what services they can signpost to. Guidance on confidentiality and sharing information with families and friends was also felt to be useful by the majority of respondents (82.7%).

*"Training could be rolled out to service providers so that support workers can also be aware of and have increased knowledge of what to do/how to respond to a customer who is expressing suicidal thoughts."(*Children, young people, social and community services*)*

4. More accessible support

A powerful message across all types of respondents was the need for easily accessible support for people at risk of suicide. Several key features of accessible support were identified from the responses:

- **Timely:** including extended opening hours, and being available immediately or with a short waiting time
- **Local or community based**
- **Non-judgemental and safe**
- **Ongoing:** for example with support available after the initial suicide risk is dealt with, or ongoing progress checks at home
- **Free**
- **Joined up:** the importance of easily linking to other services was highlighted.

Many respondents recommended **non-face to face services** including helplines, online support or live chat rooms, text or email support, or using apps and social media. The importance of using professionals to monitor online activity was occasionally raised. Having different means of accessing support was highlighted as important to address differing needs of individuals. *"Having a texting service to a helpline number rather than just a phone line initially I think would help. Depressed people often find it difficult to talk but can write what they feel."(*mental health services*)*

Suggested improvements to **primary care** included having young person or mental health focused GPs, or having psychiatric nurses based in GP practices. One respondent proposed that GPs should identify carers and offer tangible support other than simply signposting to Carers UK.

Some respondents suggested ways in which **mental health services** could be improved, including better direct access to crisis care and more proactive follow up for non-attenders *"Better follow up of people who are referred to specialist mental health services. There*

seem to be insufficient staff to follow up this high risk group. Also, patients who have been referred should not be discharged because they do not attend appointments. Their failure to attend is often a result of their underlying mental illness."(GP)

Several respondents indicated that there were numerous opportunities for suicide prevention in **non- health service settings.** *"Suicide prevention should be everybody's responsibility, not just the health services. Teachers, support workers, friends and family - everyone should have the basic awareness."(GP)* Staff from the fire and rescue service, education, Find it Out, housing and library services suggested ways in which they could contribute. Suggestions included enquiring how vulnerable individuals were coping (e.g. as part of a home fire/gas safety check), listening to problems, and signposting to support services.

Several respondents suggested a **community-based "drop in"** service would be helpful, particularly if it was informal. ***"****promoting access to "chat points" within the community so that they know there is always someone to talk to.****"*** (Other).Some suggested organised support groups, which could be focused around specific activities such as gardening.

5. Awareness raising to reduce stigma and publicise support available

A large number of respondents suggested that publicity around what services and support are available would be important. There was also strong support across all types of respondent for awareness-raising to decrease shame and stigma associated with mental health problems. Many spoke specifically of the need for openness around suicide or suicidal thoughts, including messages such as suicidal thoughts are common, and that those seeking help will be taken seriously. Two respondents proposed using people with lived experience of suicidal thoughts to raise awareness. *"Suicide should not be a taboo subject. People's attitudes need changing through education."(* Children, YP, social and community services)

Respondents had many ideas for where publicity and awareness raising could be carried out. A popular suggestion was posters and leaflets in locations such as GP surgeries, libraries, toilets, bus stops, railway stations, schools, supermarkets, car parks, beauty spots, social security offices, district and county council buildings. Several respondents suggested school talks or assemblies. Some respondents emphasised the need for online information. Having a local web/social media presence relating to suicide prevention was endorsed as useful by around three quarters of respondents (72.8%).

6. Development of networks and leadership

Clear local leadership on suicide prevention was felt to be helpful by 74.8% respondents. Some respondents specified that this could come from their own management or the Health

and Wellbeing board. It was felt this could raise the profile of suicide prevention and improve links between different organisations. This could be achieved through development of a local strategy that spans across all organisations; "*Leadership from the Health and Wellbeing Boar, a clear strategy and commitment and a manageable action plan that involves all organisations, not just the 'usual' suspects".* (Mental Health Services). Making a pledge to help reduce suicides locally was felt to be useful by less than half of participants (46.5%).

Around two thirds (66.8%) of respondents felt that it would be helpful to be part of a wider network of organisations working towards suicide prevention in West Sussex. Regular attendance at meetings was seen as an effective way to improve communication between organisations, and to help understand what local groups and services are able to provide ; *"I suggest regular meetings – once a quarter perhaps – where we can update each other on trends and helpful information which would prove useful in reducing suicide*". (Children, YP, social and community services)

Some respondents commented that a conference or suicide prevention day would be a helpful way to build links with suicide prevention support services. This could provide networking opportunities and help raise awareness of services and training they may provide through stands or talks; *"network opportunities like an open day in a locality area where relevant organisations could display their service"*. (Children, YP, social and community services)

Overall, only 47.5% respondents felt that having a suicide prevention champion within their organisation would be helpful. However, the fact that 33.2% said they did not know suggests that the role of a suicide champion was unclear to many participants. Amongst those who were supportive of this proposal, most felt that a champion could act as a direct point of contact between organisations in order to feedback on any changes to services, provide examples of good practice, be knowledgeable on local trends/data, and direct others towards appropriate training and resources; *"it would be good if we had a suicide (prevention) champion who could attend relevant discussions and perhaps team meetings of other organisations and cascade relevant information/training to practitioners".* (Children, YP, social and community services)

8 WHAT WE HAVE ALREADY ACHIEVED ON SUICIDE PREVENTION IN WEST SUSSEX

Table 9 outlines key areas of achievement in the 2015 West Sussex Suicide Prevention Action Plan.

Table 9 Areas of achievement

National strategy priority	West Sussex Action	Impact/ outputs
Reduce the risk of suicide in key high-risk groups	SPFT suicide prevention strategy and action plan created	• December 2016 Care Quality Commission report noted increased board level scrutiny of deaths, improved learning from incidents and reduction in suicides amongst those receiving care from SPFT[25] (Care Quality Commisssion, 2016) • Recent increases in the % of patients on Care Programme Approach discharged from hospital and followed up within seven days [26]
	Implementation of West Sussex Training Needs Analysis on mental health and suicide prevention awareness (Coastal West Sussex Mind, 2014)	• Between April- July 2015 Coastal West Sussex Mind and Grassroots Training ran a pilot training initiative for public and community sector staff. In total 850 people attended 54 training events across West Sussex (Coastal West Sussex Mind, 2015). • During a further training roll out from May 2016 – Jan 2017, 354 participants attended 24 training events across West Sussex. Courses included Mental Health First Aid and SafeTalk (Coastal West Sussex Mind, 2017).
	Development of a new website aimed at	The West Sussex wellbeing website has been rolled

[25] CQC report noted "in the years 1 June 2014 to 31 May 2016 there were 516 unexpected deaths of which 193 were classed as suicide. Of these, 94 suicides occurred in the period 1 June 2015 and 31 May 2016, compared with 99 in the same reporting period for the previous year. This shows that there had been a reduction in the number of suicides over the period."

[26] Source: Mental Health Five Year Forward Dashboard https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/

	% patients followed up within 7 days discharge	
CCG	Q1 2016/2017	Q2 2016/2017
Crawley	78.2%	87.5%
Horsham and Mid Sussex	84.7%	100%
Coastal West Sussex	79.5%	92%

	improving the wellbeing of the West Sussex population	out http://www.westsussexwellbeing.org.uk/
Tailor approaches to improve mental health in specific groups	Review the recent escalation of suspected suicides amongst children and young people and formulate a multi-agency response	• Within the suicide prevention steering group, a children and young people subgroup has been created. • A one year pilot is planned for two transition workers between children and adult services, to be based at Horsham YMCA. • In June 2016 an extraordinary multi-agency meeting was held to discuss a potential suicide cluster involving young people.
	CCGs and their partners to consider the emotional wellbeing needs of patients and their carers with long term conditions	• West Sussex Wellbeing Hub staff are trained in Mental Health First Aid and pathways are agreed between the hubs, GPs, Time to Talk and other local mental health providers. • The West Sussex Improving Access to Psychological Therapies (IAPT) service, Time to Talk, is one of the first sites in England to expand its support to people living with long-term health conditions.
Provide better information and support to those bereaved or affected by suicide	Develop a tiered support model for the wider social network of a CYP who has taken their own life	• The potential impact of suicides on peer groups was discussed at the multi-agency suicide cluster meeting June 2016.
Support research, data collection and monitoring	Produce a Suicide Audit every two years or as agreed by the Public Health and Social Research Unit.	• Suicide audit completed in February 2017 and used to inform the new suicide prevention strategy.

9 PRIORITY AREAS FOR ACTION IN WEST SUSSEX 2017-2020

Nine priority areas for action were selected on the basis of the audit and consultation findings.

Table 10 Priority areas for action

Priority area	Rationale for prioritising this area	
	Local data & audit findings	**Consultation findings**
1. Focus on reducing suicides in vulnerable middle aged and older people, particularly those experiencing financial difficulties and social isolation	Middle and older age groups most at risk locally. High rates of social isolation, marital break up locally, which were commonly cited as contributory factors in audit. More suicides more deprived areas.	Some participants highlighted the need for better support for isolated people
2. Focus on preventing suicides in people in contact with mental health services, particularly those recently discharged or disengaged from care	64% in audit had mental health problem; half had contact with mental health services. 8.5% last contact on day or day before death. Audit identified issues with disengagement from care.	Some concerns about inadequate follow up after discharge
3. Focus on preventing suicide in people who misuse alcohol or drugs, particularly those with a dual diagnosis	Amongst male suicides in audit, a third had history of alcohol misuse and a quarter history of drug misuse.	Highlighted need for joined up work between substance misuse and mental health services
4. Focus on reducing self harm, particularly in young people	Much higher rates in West Sussex than England, and increasing. 34% suicides in audit had history of self harm (50% of <24 year olds).	Several respondents discussed need to increase self esteem in young people

5. Focus on preventing suicide in people with long term conditions or requiring end of life care, and their carers	44% in audit had ongoing physical health problem/ disability. Nearly a fifth seen at GP with physical health problems in month before suicide.	Some comments on need to focus on people with long term conditions and carers
6. Improve support for people bereaved or affected by suicide	7.5% suicides in audit had been bereaved by suicide themselves (further 8% other bereavement)	Identified lack of knowledge about where to signpost those bereaved by suicide.
7. Increase confidence and skills of paid and volunteer workers to support people at risk of suicide, maximising the use of existing resources and support	In the coroners case files audited some GPs had identified a need for additional training in suicide risk assessment.	Lack of training and confidence cited as biggest barriers to suicide prevention. Only a quarter already received training. Universal agreement that information on where to signpost would help suicide prevention. Some who had training didn't get useful information on where to signpost
8. Reduce access to the means of suicide, focusing on self-poisoning, railways and other public places	Apparent greater % of suicides locally due to rail deaths compared to England (11% vs 6%). 24.4% suicides in audit related to self-poisoning, and more common in older age groups, particularly using prescription medications. Compares to 19.3% suicides in England due to self – poisoning.	-
9. Monitor suicide patterns and trends in West Sussex	Suicide audit provided useful information to shape strategy.	

10 Appendices

Appendix A: Full audit report

Appendix B: Full self harm report

Appendix C: Full consultation report

Appendix D: Evidence review

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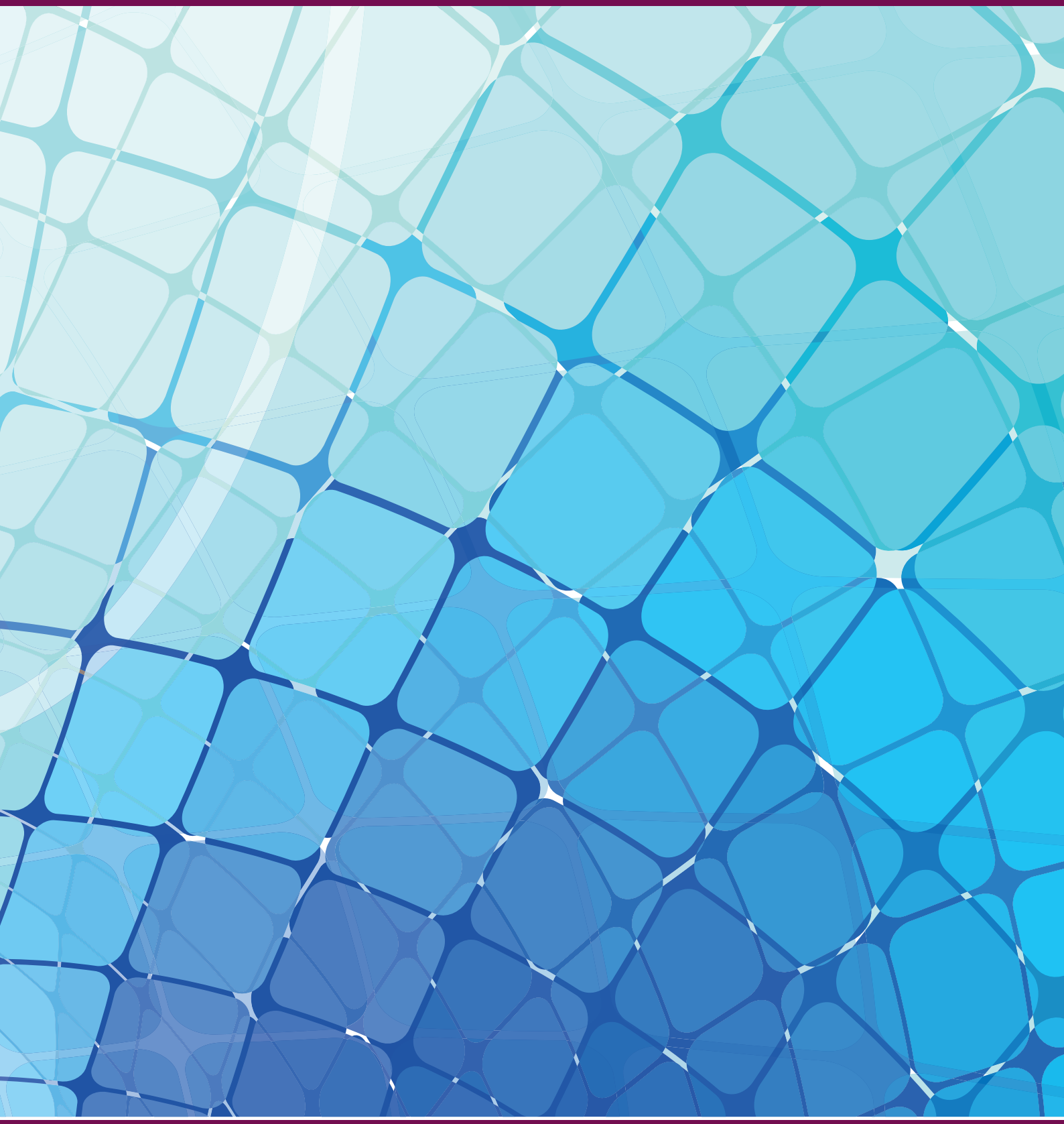


Self-harm in West Sussex – a rapid needs analysis

Author: Rachel Jevons - Public Health Lead for Mental Health, WSCC

Contents

Key recommendations

Oversight and strategy

There is a large and wide ranging amount of activity taking place in West Sussex that impacts on this area, but it is important that it is delivered in a coordinated and strategic way, which recognises that this is a related but separate area to suicide prevention.

Recommended actions

Although there is service provision and sources of support for all ages, there are clear opportunities for improvement. Given what we know about the people at risk and the West Sussex context, we have formed the following recommendations against which we can assess progress.

- Establish a multi-agency self-harm oversight group, as a sub-group of the West Sussex suicide prevention steering group.
- Continue the joined up and strategic approach to children and young people's mental and emotional health and wellbeing in educational settings
- Commission focussed rapid research / data gathering on community self-harm activity (ie which does not result in emergency admission), including in educational settings
- Deliver a systematic programme to increase skills and awareness amongst relevant professional groups
- Ensure that when targeting interventions for self-harm prevention, data for deprivation is used to identify where those most at risk groups are.
- Set out a plan for working with acute trust partners to assess the quality and coordination of secondary care to prevent readmission
- Establish an agreed West Sussex pathway to support people through bereavement – for end of life and planned/expected deaths as well as suicide/ sudden and unexpected death.
- Deliver a campaign focussed on messaging and interventions promoting middle aged men's mental and emotional health and wellbeing
- Establish what additional support is available for LGBTQI people's emotional and mental health and wellbeing and identify gaps, partnership working and training opportunities
- Develop a plan for working with CCGs, SPFT and community pharmacists as well as parents/families to identify opportunities for reducing incidences of self-poisoning
- Strategic activity around safe internet use in the county to explicitly support self-harm prevention, through the new self-harm prevention Programme Manager role.
- Assess optimal digital approaches supporting self-harm prevention interventions.
- Develop a plan to work with CVS organisations who work with high risk groups, to develop nuanced and suitable messages around self-harm and good mental health.

Chapter 1: What is self-harm and what do we know about self-harm in West Sussex?

1.1 What is self-harm?

This needs analysis looks at self-harm across the life course and considers risks and protective factors and drivers for self-harm in all age groups. It frames the issue in West Sussex and looks at opportunities and existing provision for prevention. It outlines a number of priority areas where further work is needed to address this issue.

There are a number of definitions of self-harm; some of these consider the intent of the self-harm, some exclude certain 'self-destructive behaviours' such as excessive drinking, eating disorders and drug misuse and therefore may lead to an underestimation of the drivers and intent, as well as excluding some behaviours predominantly associated with males.

Although there are significant issues with alcohol and substance related admissions and deaths, we will not be including these within this needs assessment. There is currently a public health programme to reduce alcohol and substance misuse where there are opportunities for joint working.

We will follow the example from our neighbours in Brighton & Hove Council and Brighton & Hove Clinical Commissioning Group (CCG)(1) and take a pragmatic approach, using the more inclusive definition provided by the National Self-Harm Network:

"Self-harm can take many different forms and as an individual act is hard to define. However, in general self-harm (also known as self-injury or self-mutilation) is the act of deliberately causing harm to oneself either by causing a physical injury, by putting oneself in dangerous situations and / or self-neglect."

1.2 What is the extent of self-harm in West Sussex?

Defining the extent of self-harm in the county is made problematic by the available data, which relates to hospital emergency admissions. Assumptions can be made on the basis of national data, but there is little local information on self-harm which does not result in a hospital admission which is likely to be most cases.

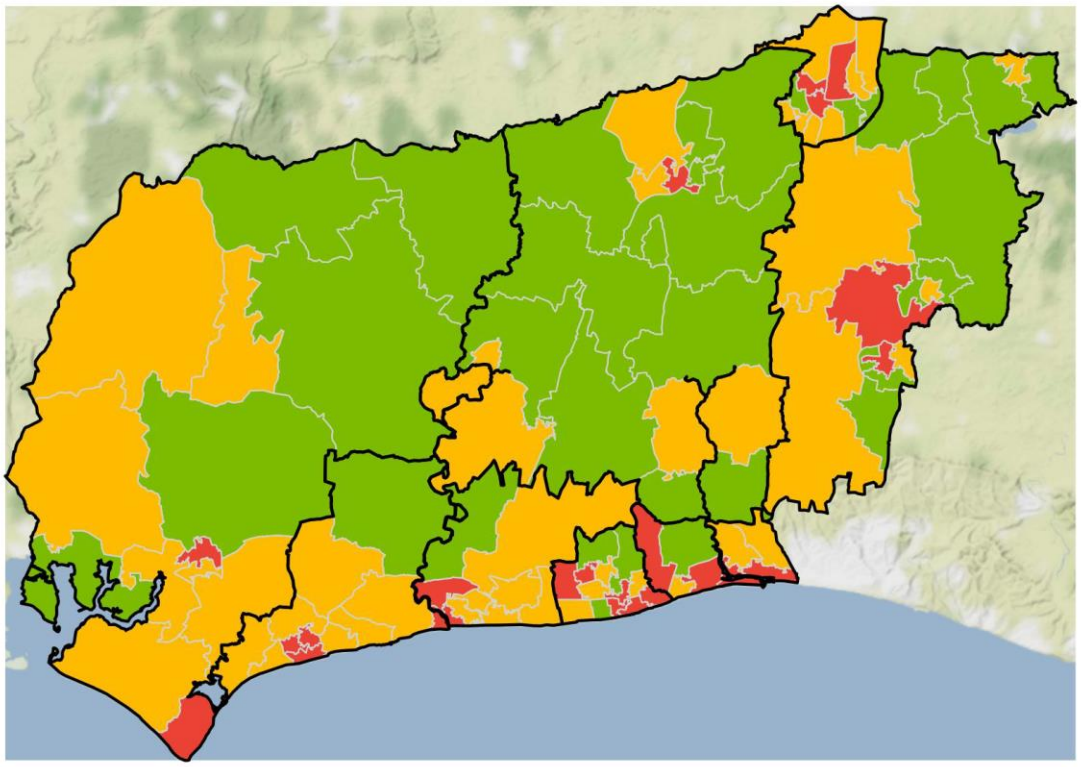
All ages

Most recent data show that in 2017/18 there were 1,743 emergency admissions for self-harm in West Sussex (2). Represented as a rate per 100,000 this is significantly higher than the England average. Adur and Worthing have highest incidence. Looking over a five year period from 2013/14 to 2017/18, there were 9,254 emergency hospital admissions for self-harm in West Sussex, an age-standardised rate of 236.1 per 100,000 persons. The estimated rate of admissions for self-harm was highest in an MSOA in Worthing, at 481.5 per 100,000 (Figure 1).

Across West Sussex, rates of self-harm vary; Adur, Arun and Worthing have exceeded the national rate since 2010/11 (to 2017/18), whilst Horsham and Mid Sussex tend to be more comparable to the England average. There are marked inequalities in self-harm, with higher rates among areas with greater deprivation.

Figure 1: Directly age-standardised rate of emergency hospital admissions for self-harm (2013/14 to 2017/18 data aggregated)

Colours reflect comparison with West Sussex. Areas in **red** are significantly **higher**, **green** are significantly **lower** and **yellow** are **similar** to West Sussex.



(PHSRU WSCC, 2019)

In terms of trends, over the five year period from 2013/14 to 2017/18, while emergency admissions in the county are consistently higher than for England, they do not show a significant increase or decrease (Table 1). The numbers of admissions for 2016/17 and 2017/18 are lower than those for the previous three years.

Table 1: West Sussex emergency hospital admissions for intentional self-harm - number and rate per 100,000 population from 2013/14 to 2017/18

Period	Number	Rate	Lower CI	Upper CI
2013/14	1,936	247.6	236.6	258.9
2014/15	1,810	230.3	219.8	241.2
2015/16	2,051	261.5	250.3	273.1
2016/17	1,714	218.8	208.5	229.5
2017/18	1,743	222.2	211.8	232.9

Source : Public Health Outcomes Framework

Methods of self-harm

In the five years from 2013/14 to 2017/18, 88% of admissions were due to self-poisoning and the majority of those were from widely available over the counter medicines, such as paracetamol. Of these:

- 38% were self-poisoning through non-opioid medication (such as paracetamol, ibuprofen and other over the counter medicines);
- 30% self-poisoned through prescription drugs such as antiepileptic, sedative-hypnotic, anti parkinsonism and psychotropic drugs;

Self-harm through use of sharp objects, accounted for some 9% of all admissions for this period.

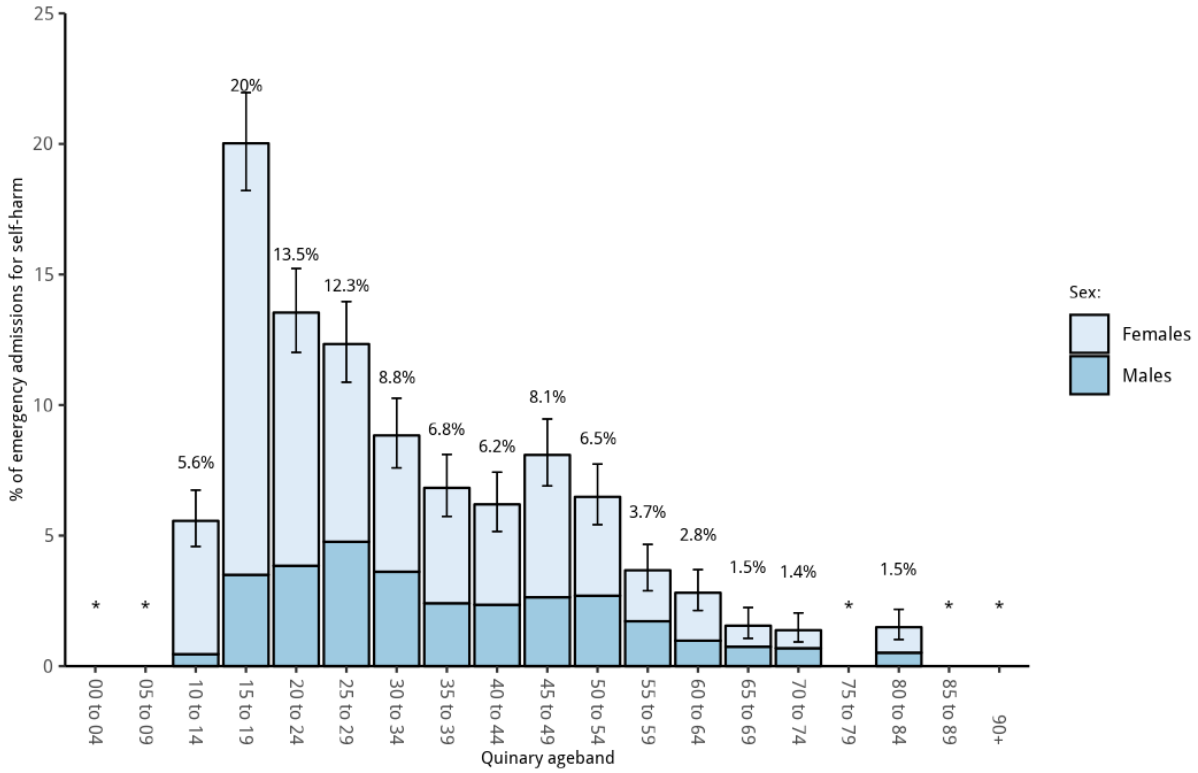
While self-poisoning was associated the majority of admissions in West Sussex, national data suggests that self-cutting is the most common form of self-harm overall. The Adult Psychiatric Morbidity Survey (APMS) 2014 (3) found that three-quarters of people who self-harmed had cut themselves (73.1%); around one in ten had burned themselves (10.2%); a similar proportion swallowed something (13.8%); and nearly a third had used some other method (29.1%). While women were more likely than men to report cutting (77.0%, compared with 66.2% of men), men were more likely than women to have burned themselves (16.8%, compared with 6.5% of women). (

Young people

In 2017/18, young people aged 15-19 accounted for a fifth of all emergency hospital admissions for self-harm in West Sussex, at around 350 admissions (Figure 2). The proportion of emergency admissions for self-harm is highest among young people and generally decreases with age thereafter. In total, young people aged 10-24 account for 39% of all admissions for self-harm in West Sussex.

Data continues to show that differences by sex are most pronounced at younger ages. Among 10-24 year olds, 80% of emergency admissions for self-harm in West Sussex were females (2017/18 - Figure 2)

Figure 2: Proportion of emergency admissions for self-harm in West Sussex by 5-year age bands and sex (2017/18)



Note. * denotes where counts in any age-sex group were small (fewer than 8) and have been suppressed. Proportions are calculated using total emergency admissions for self-harm. (PHSRU, WSCC, 2019).

Females (all ages) are more likely than males (all ages) to be admitted for self-harm (68.5% v 31.5%). Across the local authorities within West Sussex, Arun had the highest rate of emergency admissions for self-harm among males in 2017/18 whilst Adur was highest for females. Apart from Horsham, all local authorities in the county had a significantly higher rate of self-harm admissions for females than England, whereas only Arun and Worthing exceeded England for males.

During 2010/11 to 2017/18, there were 14,114 hospital admissions for self-harm in West Sussex. These admissions were accounted for by 8,235 individuals.

Whilst three-quarters (74.5%) of people admitted for self-harm during this time were admitted once, single admissions represent fewer than half (43.5%) of all self-harm admissions that occurred.

Readmissions

During 2016/17 to 2017/18, there were 3,457 emergency admissions for self-harm in West Sussex. These admissions were accounted for by 2,624 individuals. Whilst 84% of people admitted for self-harm during this time were admitted once, single admissions represent less than two-thirds (63.6%) of all self-harm admissions that occurred. Around 2% of individuals accounted for 10% of self-harm

admissions that occurred in 2016/17 to 2017/18. These persons were admitted for self-harm 5 or more times during the 2 year period.

Figures suggest that every admission for self-harm through self-poisoning costs £806, with self-injury costing £753). (4) Based on these costs, 1.4 the current burden for West Sussex is in the order of £1.3m to £1.4m. When the broader costs to society are taken into account this rises to £6.2m - £6.6m per annum.

Alcohol-harm admissions numbered 4,940 in West Sussex in 2017/18. Although subject to a different public health indicator, many of the drivers for high alcohol consumption are the same as those for self-harm. (5)

As noted at the beginning of this section, not all people who self-harm will present at hospital and be counted as part of the statistics. Only the most serious cases are admitted to acute care and these form the 'tip of the iceberg', so understanding the incidence of 'community based self-harm' within the population is useful. A recent study from The Children's Society (6) suggests that 20% of their female study participants had reported self-harming in the last year – this highlights that the incidence is much larger than admissions data would suggest.

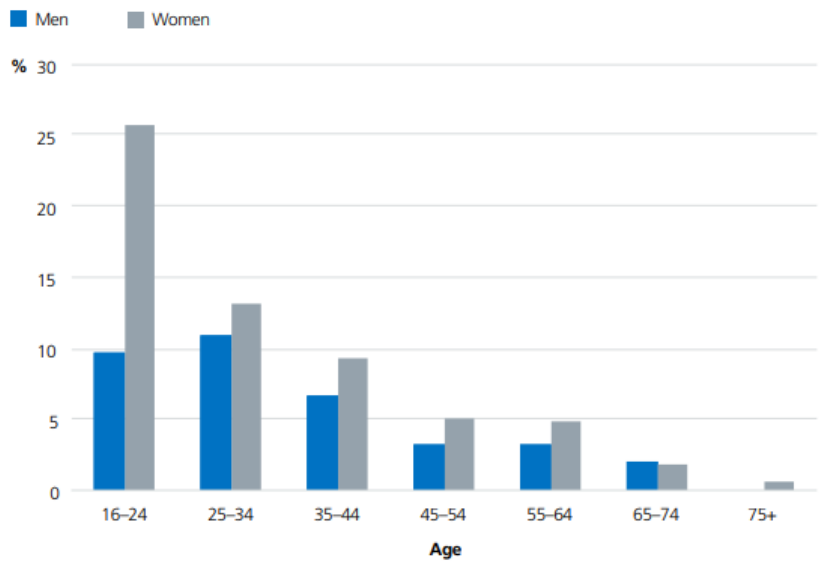
The Adult Psychiatric Morbidity Survey (APMS) 2014 (7) found that one in five 16 to 24 year old women reported having self-harmed at some point in their life when asked face-to-face and one in four reported this in the self-completion section of the survey. The overall rate of self-harm in the adult population (7.3%) is broadly similar to that for suicide attempt (6.7%). Rates were higher in females (8.9%) than in males (5.7%). Individuals who start to self-harm when young might adopt the behaviour as a long-term strategy for coping; there is a risk that the behaviour will spread to others; and also that greater engagement with the behaviour may lead in time to a higher suicide rate.

Comparing APMS survey responses from 2000, 2007 and 2014 (8) shows an increase in the prevalence of self-harm over time. Overall, this increase may be due in some measure to changes in reporting behaviour. A number of factors may be at play:

- minor self-injury which people may not have thought of as self-harm in previous surveys, may now be recognised as self-harm;
- a person may feel more able to disclose self-harm.
- it may reflect a higher level of normalcy and understanding in communities around self-harm; or
- increased reporting of self-harm reflects a real increase in the behaviour.

The likelihood is that each of these factors contribute in some way

Figure 3: Self-harm without suicidal intent ever in England 2014, by age and sex (all adults)



Source: APMS, 2014

Most evidence shows that self-harm increases the risk of suicide. The West Sussex suicide audit (2017) found that 34% of suicides had a history of self-harm, and this increased to over 50% of under 24-year olds. (10)

After an episode of self-harm, older people were more likely than younger people to obtain medical or psychological help. It should be noted that this relates to self-harming and help received at any point; some younger people may go on to receive support in the future.

Chapter 2: Who is most likely to self-harm?

2.1 High risk groups

There are groups of people within our community in West Sussex who are at particular risk of self-harm. Some of these risk factors are modifiable, however there are some which are not.

Risk factors which are generalisable across all age groups include:

- Demographics and identity
- Mental illness and wellbeing
- Physical health and health behaviours
- Relationships
- Acute and chronic environmental/social stressors
- Deprivation
- Formal service contact

Specific groups most likely to self-harm are: young people, women, people who identify as LGBTQI, people who misuse drugs and alcohol, prisoners, people who have a mental illness, South Asian women, people with individual factors associated with higher risk.

2.2 Demographics and identity

There are nuances to these risk factors, and the effects of each factor may be cumulative; with both modifiable and unmodifiable risks persisting across the life course.

2.2.1 Young people and younger age groups

Risk factors include but are not limited to: poor mental health; people who identify as LGBTQI; low familial socio-economic and/or education status; adverse childhood experiences; poor relationships with family or peers; experience of suicide/self-harm; looked after children; psychological challenges (such as low emotional intelligence, low self-esteem); and being part of a subculture. (11) In this age group there is a higher proportion of females self-harming.

2.2.2 Midlife age groups

Risk factors include but are not limited to: Being aged 35-59; female; identifying other than heterosexual; poor mental health; substance dependence; physical illness (especially those that preclude/limit work); debt, unemployment and housing issues; lacking a close or supportive relationship; living alone; abuse (including bullying and violence); and stressful life events such as relationship breakdown; contact with criminal justice system; and being attacked). (12)

2.2.3 Older age group 65+

Risk factors include but are not limited to: Decline in function due to frailty and/or multiple health conditions; diagnosis of mental illness (as with any stage of life); experience of social isolation or loneliness; and experience of bereavement. (13)

2.3 Sex

2.3.1 In children and young people and younger age groups, females are more likely to self-harm. It is likely that self-harm among young males is under reported for this group and may largely be a result of alcohol or substance misuse, which are not included in self-harm statistics. (14)

2.3.2 In midlife**,** females are over represented when compared to their male counter parts. At particular risk are those aged 35-59.

2.3.3 In the 65 and older age group there is no appreciable difference between males and females. (15)

2.4 Ethnicity

The available evidence around risk and ethnicity is lacking. One recent review suggests that women of South Asian origin are over-represented in self-harming samples compared to the proportion of white women and men. There is some evidence that those of South Asian origin and aged under 35 are at higher risk than those over 35. There is also evidence of increasing risk in those of Caribbean origin aged less than 35 years. (16) There is no breakdown available by ethnicity for West Sussex.

2.5 Sexual orientation and gender identity

In both sexes, self-harm rates are upwards of five times greater in people who report same sex attraction, compared with their heterosexual counterparts. In addition, the risk of self-harm in

people who do not identify as their gender assigned at birth is 5.8 times greater risk of self-harm than those who do. (17, 18, 19)

2.6 Deprivation

There is wealth of evidence linking self-harm to socio-economic deprivation and self-harm. (20, 21, 22). The data below (Figure 4 and Table 1) shows this association is true for West Sussex.

Figure 4: Directly age-standardised rate of emergency admissions for self-harm (aggregated 2013/14 to 2017/18) in West Sussex by Indices of Multiple Deprivation 2015 countywide deciles

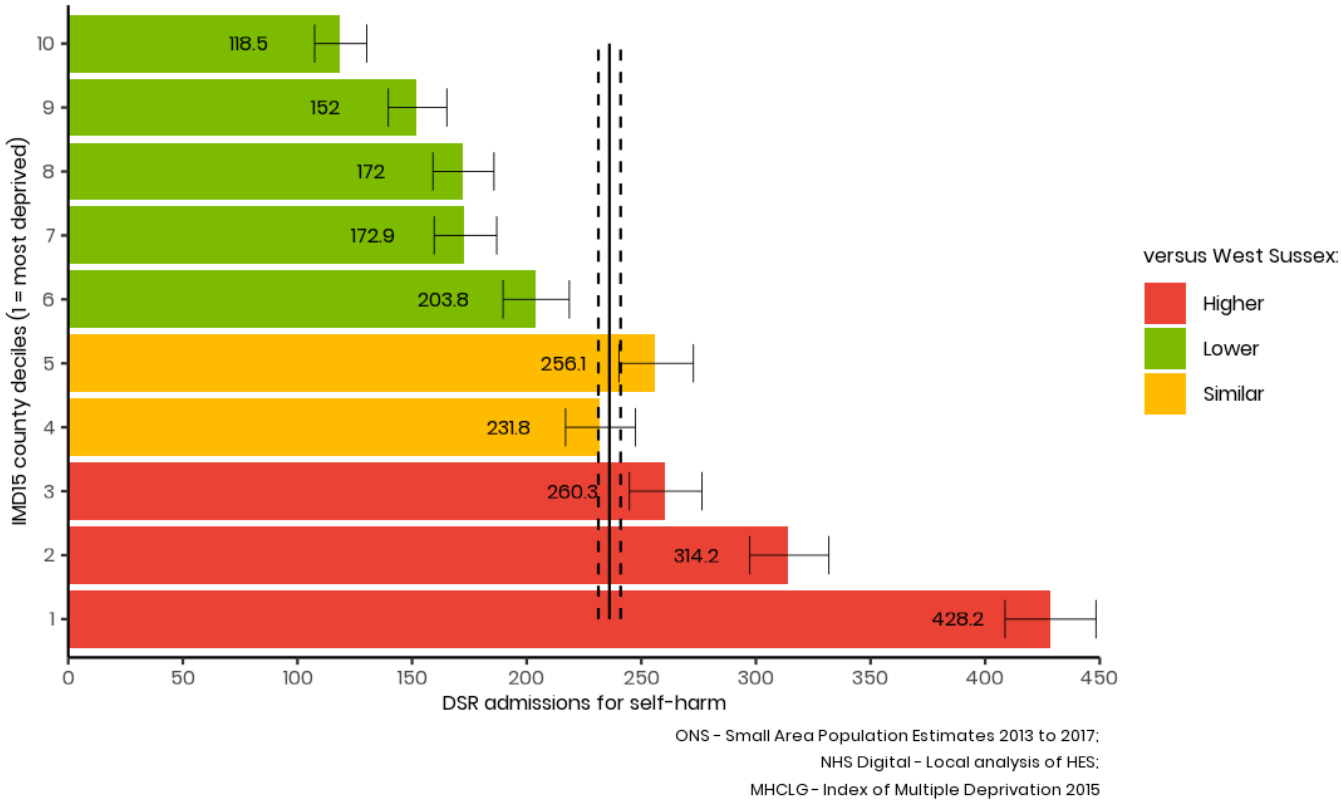


Table 2: Age-standardised rate of emergency hospital admissions for self-harm (all ages) in West Sussex (2013/14 to 2017/18) by countywide deprivation deciles

County Deprivation Decile	2013/14 to 2017/18			
	Number of admissions for self-harm	DSR	95% Confidence intervals Lower	Upper
1 (most deprived)	1,832	428.2	408.7	448
2	1,302	314.2	297.3	331
3	1,058	260.3	244.8	276
4	913	231.8	217.0	247
5	986	256.1	240.2	272
6	805	203.8	189.7	218
7	660	172.9	159.7	186
8	670	172.0	159.1	185
9	577	152.0	139.6	165
10 (least deprived)	451	118.5	107.5	130
West Sussex:	9,254	236.1	231.3	241

Source: NHS Digital - Local analysis on HES data

Chapter 3: What causes a person to self-harm and what factors help reduce the risk?

There are a number of risk factors which can increase the likelihood of a person self-harming or act as a protective factor to decrease this likelihood, depending on their presence in the person's life.

3.1 Relationships

Quantity and quality of relationships are crucial, with different emphasis across the life course. Evidence shows that younger people value quantity of social contact and networks; whereas older people favour enduring and more profound relationships. (23) Positive attachment or 'closeness' to at least one adult during childhood is a protective factor against mental illness, self-harm and suicide. Where no such relationship exists, or there is insecure parent/carer or peer attachment, the risk of self-harm and particularly repetition of these behaviours, is significantly increased. (24) Emotional regulation or the ability and opportunity to process those emotions, also impact on the risk of self-harming. Having an outlet for people to process these feelings is one of the elements found to protect against this (for example where that is a strong friendship group, a hobby or activity) (25). Participants in a recent study indicated that a significant protective factor was a feeling of being 'accepted'. (26)

Relationship breakdown and bereavement are risk factors in self-harm and suicide. This may be due to a complex interplay of issues, such as loneliness, isolation as well as grief, estrangement from family and other external stressors.

While a lack of positive relationships can increase risk, harmful and negative relationships and social interactions also contribute to the risk factors for self-harm and suicide. These can in turn compound the effects of lack of attachment in childhood, into adult years. Past and ongoing traumatic events such as bullying, violence and sexual abuse are major predictors for self-harm and suicide. There is less acknowledgement of the role of ongoing abuse by a partner in the adult population in predicting a deliberate self-harm event.

Strong social attachments and positive family relationships are positive protective factors, which increase a person's resilience.

3.2 External stressors

Sudden or unexpected events such as bereavement (especially through suicide), serious illness or disability, a traumatic event (assault, for example) contact with the criminal justice system and a change in economic circumstances were identified as significant contributors to deliberate self-harm (with or without intent).

Multiple trauma is a stronger predictor than a single event with people who are constantly experiencing stress, such as homeless people, prisoners, people living in or who have lived in care, experience of armed conflict, and carers. (25)

3.3 Financial and economic circumstances

3.3.1 Debt

Debt is likely to be a greater factor in self harm and suicide, as opposed to income levels alone. There appears to be a linear increase in the risk of suicide and self-harm, the greater the debt. (26)

3.3.2 Employment and housing

Having a secure home and a job are major influencers of suicidal and self-harm behaviour. (27)

Unemployment and the length of time without a job are drivers for suicidal thoughts, mostly in males. This is in turn affected by other indicators associated with economic instability such as debt, health problems and disability impacting on ability to work or limiting types of jobs, and job insecurity. Bullying in the workplace can exacerbate any of these additional factors.

Suicidal thoughts are particularly prevalent in the homeless population. When considering the definition of homelessness, there are nuances to the risks. Those who had a consistent base - such as long-term B&B accommodation – experienced fewer thoughts of this nature than those who sleep in the open or in night shelters. Renting, affordability, housing benefits also impact on suicidal behaviours. (28)

3.4 Diagnosed mental illness

Having a diagnosis of a mental illness such as (but not limited to) anxiety, depression, personality disorders, substance misuse and bi-polar disorder is a risk factor for self-harm. (29) Prompt diagnosis and good mental health care and treatment, either in the community or within a specialist team are protective factors. (30)

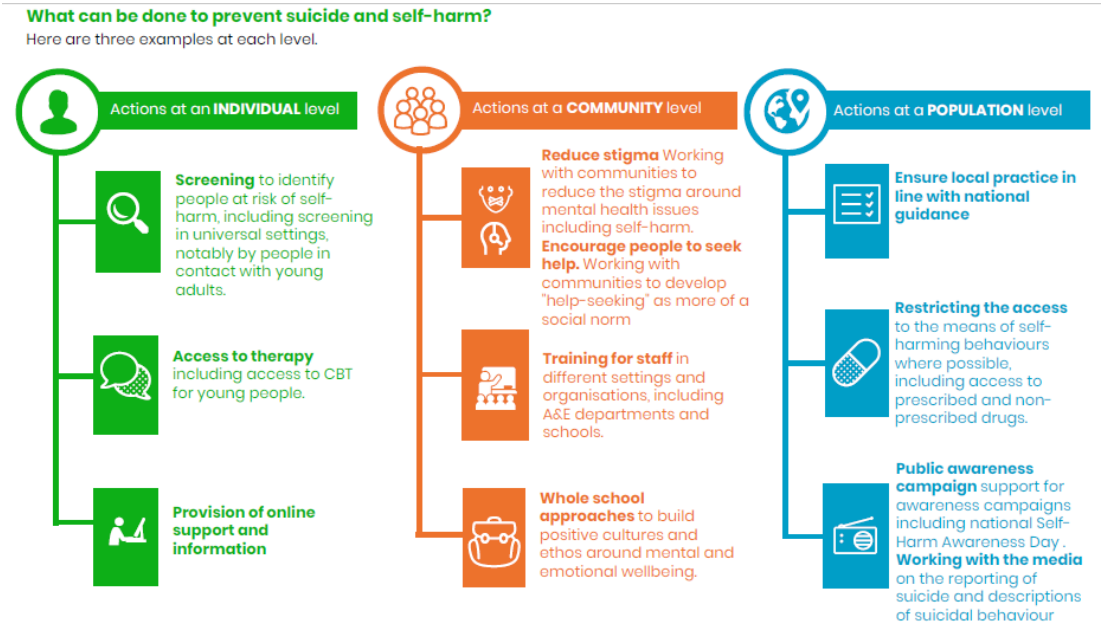
3.5 Internet use

A review of the literature found that there is significant potential for harm from online behaviour in relation to self-harm and suicidal behaviour in terms of triggering, normalisation and competition between users, a source of contagion and harmful information for vulnerable individuals. At the same time there is the potential to exploit the benefits of the internet including a sense of community, crisis support, delivery of therapy and outreach. (31,32)

Chapter 4: What can we do and what are we doing?

4.1 Opportunities for intervention and prevention

The recent West Sussex Annual Public Health Report (34) provides some examples of different actions at individual, community and population levels that can help to reduce self-harm and suicide



4.1.1 Primary prevention opportunities

We know that primary prevention is about early intervention and modifying and influencing individual risk factors; through 'starting well' initiatives, whole school approaches to emotional and mental wellbeing, Making Every Contact Count and the five ways to wellbeing. Although given there is much primary prevention activity already taking place (see 4.2) it is often difficult to demonstrate impact due the lack of data as mentioned above, the presence of multiple risk factors, the fact that community based self-harm is the most prevalent form and may often go undisclosed makes this difficult to measure; and the multi-agency approach required to tackle the causes of self-harm increases the challenge of being able to demonstrate the effectiveness of interventions in the round.

From a public health perspective, there are clear opportunities for interventions at a population health level based on the general population and for those with particular risk factors which are outlined above.

For children and young people, developing mental and emotional wellbeing and resilience through whole school approaches and specific activity around screening, psychological skills and training are most effective.

For the general public at risk, public awareness campaigns, encouraging help seeking behaviour, reducing stigma, improving media reporting and portrayal of self-harm and suicide are all population-level tools able to reduce prevalence of self-harming behaviour.

4.1.2 Secondary prevention opportunities

Of the reported admissions for self-harm, some 36% of these were re-admissions, with around 2% of all admissions admitted five times or more.

A recent systematic review in this area found that cognitive behavioural therapy (CBT) seems to be effective in reducing the number of patients who recurrently self-harm. Dialectical behaviour therapy did not reduce the proportion of patients repeating self-harm but did reduce the frequency of self-harm. However, aside from CBT, there were few trials of other promising interventions, precluding firm conclusions as to their effectiveness.

There are two National Institute for Health and Social Care Clinical Guidelines related to self-harm and one quality standard. (36)

Self-harm in over 8s: short-term management and prevention of recurrence (CG16) published in 2004.

Self-harm in over 8s: long-term management (CG133) published in 2011.

Self Harm Quality Standard (QS34) published in 2013. This contains a number of statements as follows:

Statement 1. People who have self-harmed are cared for with compassion and the same respect and dignity as any service user.

Statement 2. People who have self-harmed have an initial assessment of physical health, mental state, safeguarding concerns, social circumstances and risks of repetition or suicide.

Statement 3. People who have self-harmed receive a comprehensive psychosocial assessment.

Statement 4. People who have self-harmed receive the monitoring they need while in the healthcare setting, in order to reduce the risk of further self-harm.

Statement 5. People who have self-harmed are cared for in a safe physical environment while in the healthcare setting, in order to reduce the risk of further self-harm.

Statement 6. People receiving continuing support for self-harm have a collaboratively developed risk management plan.

Statement 7. People receiving continuing support for self-harm have a discussion with their lead healthcare professional about the potential benefits of psychological interventions specifically structured for people who self-harm.

Statement 8. People receiving continuing support for self-harm and moving between mental health services have a collaboratively developed plan describing how support will be provided during the transition

When older people self-harm, treatments will be much the same as for younger adults, but the risk of further self-harm and suicide are substantially higher and must be considered. In fact, people over 65 years of age are more likely to complete suicide in a self-harm attempt.

In the recent West Sussex Suicide Audit (37) it was found that one third of all those who died through suicide had a history of self-harm:

"One in three files described a history of self-harm. For the audit, incidences of self-harm included all physical bodily damage as well as previous suicide attempts and overdoses believed to be intentional. Some were unknown to service providers and professionals and were only discerned from case notes or testimony from friends/relatives. Over half of under-25s had known to be self-harming at some point and this prevalence tended to decrease with age. Counts from the older individuals were mainly failed suicide attempts."

Table 2, Suicides and open verdicts completed in West Sussex audit (2013-15 cases)

Known history of self-harm	14-24	25-34	35-44	45-54	55-64	65-74	75 +	Total
No history or Unknown	6	17	25	43	16	17	16	140
Known, but not recent (prior to past year)	5	1	2	6	2	2	2	20
Known but only recent (only in past year)	**2**	**1**	**5**	**2**	**4**	**5**	**2**	**21**
Ongoing (prior to and during last year)	**2**	**8**	**7**	**9**	**3**	**2**	**1**	**32**
Any self-harm (total)	(9)	(10)	(14)	(17)	(9)	(9)	(5)	(73)

Therefore, once people have been identified as having self-harmed, there are opportunities to provide interventions at a number of levels: individually as part of an ongoing care plan, as well as within their home/work/educational/community setting. It should be understood that people who self-harm are not a homogenous group and interventions which are effective for one at risk group or person, may not be suitable for another.

4.2 Services in West Sussex

Although there are clinical guidelines for secondary prevention, there is little robust evidence around public health interventions for preventing self-harm. Much of the evidence around self-harms relates to the wider determinants of health and wellbeing. Early years and starting well programmes are focused around tackling the risk factors for self-harm such as reducing incidence and impact of adverse childhood experiences, drug and alcohol use and wellbeing and resilience. For older people, there is a focus on the impact of social isolation and loneliness – it is likely that these will all impact in the longer term. Interventions should be targeted and appropriate to risk group and demographics.

Across West Sussex, there are number of programmes (some of which are commissioned or co-commissioned by West Sussex County Council) which aim to address the causes of self-harm from universal approaches to targeted activity.

4.2.1 Universal services

Local Maternity System – all women are entitled to maternity care free at point of delivery. This provides support for women and families with access to specialist provision for many specific needs, such as perinatal mental health and chronic health conditions, and lifestyle behaviours to ensure the best start in life.

Healthy Child Programme – care, support and health visitor service from -9 months to 19 (25 for people with learning disabilities) focusing on the best start in life.

GPs and primary care services - GPs are often the first point of contact for anyone with a health issue and they manage mental illness in the community for common mental disorders. They are also

able to refer into specialist secondary care support and treatment services. In addition, pharmacists are a crucial contact point – with self-poisoning being the most common reason for admission here in West Sussex – opportunities exist for working more closely with pharmacists to educate their communities and encourage people to return unused medication, through awareness raising.

4.2.2 Services for specific families needing support

Adult Social Care and Children's Services – additional support for people and families with specific social care needs.

Family Nurse Partnership – targeted and intensive parenting support for young parents to give the family the best start.

Integrated Prevention and Early Help – a step up/step down service for families who need support which may fall below the threshold for children's services. This includes the Multi Agency Safeguarding Hub (MASH), Family Support Hubs, specialist key workers for complex needs, and strong local community partnerships to ensure ongoing support.

4.2.3 Education based programmes

The whole school approaches to wellbeing and resilience tackles the risk factors and promotes those protective factors by supporting children to become resilient and access help when needed.

School nurse – designated nurses who responsibility for specific health and wellbeing roles (immunisation, weight measurement etc) in a number of schools.

Educational Psychology - All schools have a named contact EP who will conduct a School and EP Planning Meeting where schools are able to discuss either whole school issues or individual pupils, with parental permission. Special schools receive termly planning meetings. The Educational Psychology Service provides advice to the local authority (LA) to support assessments of children's SEN and disability.

Safeguarding in education – oversee practice and police development, safe guarding audits and training. Local Authority Designated Officer manages safeguarding allegations.

4.2.4 For young people (see also Education based programmes)

CAMHS – The following services are available for families in West Sussex:

- **Assessment and treatment service:** work directly with children and young people who have displayed worrying or harmful sexual behaviours. Where appropriate, they also work with the families of children and young people in a support and advisory role.

- **Child disability and complex behaviour support:** We provide a service in West Sussex for young people with moderate/severe learning disabilities and behaviours which present a challenge to their families, carers and education teams.

- **Community teams - West Sussex:** specialist teams offering assessment and treatment to children and young people up to age 18 who have emotional, behavioural or mental health problems. Part of this is the Free Your Mind project. Free Your Mind is a social action project run by young people for young people, which aims to challenge stigma, taboo and

stereotypes and improve mental health services for their peers. The project has been awarded the Community Impact Award for the most sustainable project.

- **Early intervention in psychosis**: community-based support to people aged up to 65 years old including children and adolescents) who are experiencing their first episode of psychosis.

- **Looked after and adopted children:** supporting children who are being looked after or who have been adopted in West Sussex, and experiencing complex emotional and psychological difficulties.

- **Pan-Sussex children and young people and family eating disorder service:** working with children, young people and their families to treat eating disorders. The service looks at physical health as well as mental health. Providing support are through a multi-disciplinary team of clinicians, experienced in working with children, young people and families effected by an eating disorder; including psychologists, psychiatrists, psychotherapists, nurses, dieticians, a paediatrician and systemic family therapists/practitioners.

- **Perinatal service**: A community-based service supports mothers who are experiencing, or who have previously experienced, severe mental health difficulties during pregnancy or up to a year after birth.

- **West Sussex community mental health liaison service:** The Community Mental Health Liaison Service (CMHL) provides an early intervention and prevention service for professionals who are working with young people under the age of 18, and are concerned about a young persons mental health and wellbeing. This may include professionals such as GPs, teachers, public health nurses, Emotional Wellbeing Leads (EWB), support workers.

- **A+E Liaison Service**: The service conducts mental health assessments, risk assessments, offers one-off follow-up appointments and provides self-harm training to A&E medical staff. The CAMHS A&E Liaison Team will also offer consultation and advice to GPs and Paramedics when they are unsure how to proceed with a young person, and whether A&E would be appropriate.

Mind the Gap - provides intensive support and advocacy for 16-25 year olds in supported housing whose mental health or emotional wellbeing needs put them at high risk of self-harm or suicide and/or losing their tenancy.

Youth Emotional Support (YES) - a free service for young people aged 11-18 looking for support with their wellbeing, including self-harm, mood, anxiety, relationships, unhelpful thoughts and self-esteem. Referrals can come from GPs, Child and Adolescent Mental Health Services, the School Nurse Service and self-referral via Find It Out Centres. They provide one-to-one support and group working and give information about other support that is available.

Find it Out Centres There are 8 WSCC Find It Out Centres across West Sussex providing advice, information, support and signposting for children and young people aged 13-25 years.

YMCA Downslink - offers telephone and face to face counselling within the centres, and also leisure centres and libraries providing on-line counselling and support. The main issues young people present with are self-harm and suicidal thoughts, isolation, bullying, arguments at home and alcohol/drug use.

There are a number of services and sources of support across the statutory and voluntary sector and within communities. However, with commissioning cycles being limited to a few years, there remains a need for oversight of these programmes from a self-harm (and suicide prevention) perspective and a strategic view of self-harm prevention.

4.2.5 Other programmes

Carers support **-** help carers access equipment to assist them in their caring role or provide funds so that carers can do something for themselves. Helping carers access counselling and call back services, and wellbeing (physical and mental) support.

Pause - Pause works with women who have experienced, or are at risk of, repeat removals of children from their care. Through an intense programme of support, it aims to break this cycle and give women the opportunity to reflect, tackle destructive patterns of behaviour, and to develop new skills and responses that can help them create a more positive future.

Social prescribing **–** a number of social prescribing programmes exist in West Sussex. These target those who use GP services for non-clinical issues, giving the clinicians a way of meeting their psycho-social needs alongside ongoing treatment and care. Examples of most common issues include unemployment, debt, insecure housing and homelessness, and social isolation.

Homelessness services – a number of homelessness services are commissioned in West Sussex**.** These range from night shelters, day centres, hostels and outreach. Supporting people who are homeless or require support to maintain their housing.

Drugs and alcohol services **–** There are a number of interventions being delivered in West Sussex. From Water Angels to encourage people to enjoy alcohol responsibly; advice from Wellbeing Hubs and a specialist drugs and alcohol service provided through CGL. (Holly to check)

Social support contracts – there are a number of social support services for older people including day activities aimed at reducing loneliness and social isolation.

4.2.6 Mental Health focused services (all ages)

Sussex Partnership Foundation Trust (SPFT) community and secondary care **–** SPFT are the NHS providers of both Children and Adolescent Mental Health Service (CAMHS) and adult metal health services. There is a broad provision, from psychiatric units to community crisis support. WSCC work closely with SPFT across many of the services as a commissioning body and partner.

Pathfinder – Alliance of local mental health focused organisations providing support and advice for people who have or are affected by a mental health disorder. Support for all ages and a directory of support for issues which impact on mental health.

Coastal West Sussex MIND has been commissioned (in partnership with Grassroots, YMCA Downslink, SPFT, Lifecentre and Allsorts) to provide 108 training courses, including suicide prevention, young people living with self-harm and self-injury for all ages.

Sussex Partnerships Foundation Trust – providing specialist outpatient and inpatient healthcare, treatment and support for people with mental illness.

4.2.7 Community initiatives

There are a number of community-based initiatives, groups and informal networks which help work towards a community-based approach to improving the lives of residents. Some of these received funding from WSCC or District and Borough Councils. From local branches of large national organisations (eg Age UK, Citizens Advice) to small church led organisations (Worthing Churches Homeless Project).

Formal community and voluntary sector (CVS) organisations are supported by Community Works, the over-arching body for West Sussex.

4.2.8 Bereavement support

Cruse - offer support, advice and information to children, young people and adults when someone dies and to enhance society's care of bereaved people. Cruse offers face-to-face, telephone, email and website support. There are freephone national helpline and local services, and a website (**hopeagain.org.uk**) specifically for children and young people

Survivors of Bereavement by Suicide (SoBS) – a charity which aims to meet the needs of, and overcome the isolation experienced by, people over 18 who have been bereaved by suicide.

Child bereavement service – An intensive support service for families who are bereaved through the death of a child.

Death registry – we have identified an opportunity to work more closely with the registrar of births and deaths to address social isolation and loneliness through bereavement.

Chapter 5: What strategies do we have to identify, co-ordinate and inform these interventions and prevention opportunities?

There are a number of strategic plans which feed into this particular work-stream – however, there is no single self-harm specific strategic document, despite a reduction in self-harm admissions being one of the corporate objectives for West Sussex County Council.

5.1 West Sussex Suicide Prevention Strategy 2017-2020

The plan, informed by the West Sussex Suicide Audit (33), acknowledges the importance of addressing the wider determinants of mental health and wellbeing in preventing suicide and self-harm behaviours. This strategy is the key document from the West Sussex Suicide Prevention Steering Group – a multi-agency group to coordinate implementation of the national suicide prevention strategy 'Preventing Suicide in England' (34).

Of the nine priority action points one specifically relates to self-harm: "Point 4: focus on reducing self-harm, particularly in young people". This needs analysis is part of that focus.

5.2 West Sussex Plan 2017-2022

The West Sussex Plan sets out WSCC's commitment to making our communities strong, safe and sustainable.

The 'A strong Safe and Sustainable Place' is one of five priorities set out in the plan. The healthy place indicator will be measured by emergency hospital admissions for intentional self-harm. This may not take into account any impact on community based self-harm where no admission takes place.

However, the remaining priorities; best start in life; a prosperous place; independence for later life; and a council that works for the community, all address the wider determinants of our mental health, wellbeing and resilience.

These performance data are updated on a quarterly to annual basis (depending on the data set) and published.

5.3 Surrey and East Sussex Sustainability and Transformation Programme (STP)

The Sussex and East Surrey STP have produced a plan '*Mental health in Sussex and East Surrey: strategic framework and delivery roadmap'*.

The plan used national policy, local data and workshops to identify four mental health improvement areas. These are:

- common mental health conditions;
- psychosis;
- dementia and cognitive impairment; and
- youth service

Suicide prevention is a priority area for the STP and this includes self-harm as part of its remit. A suicide prevention steering group has been set up to oversee work in this area.

5.4 NHS Long Term Plan

The NHS Long Term plan outlines a commitment for all acute hospitals to have an all-age mental health liaison service in A&E departments and inpatient wards by 2020/21, to expand the Improved Access to Psychological Therapies programme and to increase children and young people's access to mental health support including via new mental health teams in schools.

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Health and Adult Social Care Select Committee

26 September 2019

West Sussex Health Protection Annual Report 2018/2019

Report by Anna Raleigh, Director of Public Health

Summary

The County Council holds key statutory health protection responsibilities as outlined in this report. To ensure robust delivery of these statutory responsibilities, the Director of Public Health chairs a multi-agency West Sussex Health Protection Group bringing together organisations across the county that contribute to protecting the health of the West Sussex population. This produces an Annual Report to provide assurance that all parts of the system are working together effectively towards various targets and outcomes.

The focus for scrutiny

The Health and Adult Social Care Select Committee is invited to consider the West Sussex Health Protection Annual Report 2018-2019 and the subsequent recommendations made, providing any comment to the Director of Public Health (DPH) prior to publication.

The Chairman will summarise the output of the debate for consideration by the Committee.

Proposal

1. Background and Context

1.1 The Director of Public Health (DPH) role encompasses statutory and non-statutory as set out in the Health and Social Care Act 2012.[1] The DPH is the statutory Chief Officer and Principal Adviser on all health matters to elected members and officers within their local authority, providing leadership for all three domains of public health – health improvement, health protection, and healthcare public health (public health advice to local NHS Commissioners).[2] The Secretary of State delegates some health protection functions to local authorities. Statutory responsibilities for Public Health functions in West Sussex are set out in the County Council's Constitution.

1.2 Health Protection includes infectious disease, extreme weather events, and environmental hazards and contamination, although it is important to note it is not confined to this.[3]

1.3 On 1 April 2013, statutory responsibility to protect the health of the population moved from the Health Protection Agency (HPA) to the Secretary of State for Health. Their responsibility is mainly discharged through Public Health England

(PHE), however, some specific powers are delegated to local authorities.[3] These are:

- To provide information and advice within their local area on appropriate health protection arrangements to every relevant body and responsible person, and to provide clinical commissioning groups with health protection advice.[3]
- The DPH (on behalf of the local authority) has a duty to prepare for and lead the local authority's response to incidents that present a threat to the public's health.[3]

PHE is responsible for providing specialist health protection functions (formally carried out by the HPA), which includes specialist responses to incidents.[3]

1.4 To ensure robust delivery of these statutory functions, the DPH chairs a multi-agency Health Protection Group that brings together the organisations across the county that contribute to protecting the health of the population of West Sussex. The Group produces an annual report to provide assurance that all parts of the system are working together effectively toward various targets and outcomes. Publication of the report is a key performance objective within the Public Health Directorate Business Plan 2018-22.

1.5 The West Sussex Health Protection Annual Report 2018/2019, details the West Sussex data, and activities carried out by the Council and partner organisations during the period 1 April 2018 to 31 March 2019 in relation to:

- Health Protection and Screening Assurance Group
- Infectious diseases including outbreaks
- Environmental Health
- Sexual Health
- Health Care Associated Infections
- Infection Prevention and Control Champions Programme
- Air Quality
- Screening Programmes (both cancer and non-cancer)
- Immunisation Programmes including influenza
- Emergency Preparedness, Resilience and Response

1.5 The key themes from 2018-19 are:

- The rate of infections per 100,000 population in West Sussex was below or around the South East rate, with the exception of Cryptosporidium, Pertussis, Measles and TB.
- Notable outbreaks included a large outbreak of Cryptosporidium associated with a farm, and a Measles outbreak amongst school pupils in the Chichester area, however the majority of outbreaks (norovirus and flu) are in care home settings and schools/nurseries/preschools
- There have been difficulties supporting the Enhanced Case Management of complex TB cases and TB incidents requiring large scale screening of contacts. This has been due to the ongoing staff capacity issues and the stopping of the Latent TB infection (LTBI) screening programme in primary care
- For health care associated infections (HCAI) there has been a sustained reduction in incidence, including a significant reduction in E.coli

bloodstream infections (BSI) (Coastal West Sussex (CWS) CCG) and zero MRSA BSI (Horsham and Mid Sussex (HMS) CCG)

- For sexual health, the Chlamydia diagnosis rate for West Sussex is lower than the South East and England rates; and there is a decline in the rate of new HIV diagnosis in West Sussex
- For cancer screening (Bowel, Breast and Cervical) there are good uptake rates for screening, but there are currently significant delays in cervical screening results and breast screening appointments. Cervical screening result delays are due to a shortage of cytologists adversely affecting turnaround times, as staff are redeployed and retrained to implement a new way of analysing samples to test for Human Papillomavirus (HPV), that will be rolled out in late 2019; and an increase in women presenting for screening following the PHE campaign in March 2019 to increase national uptake rates. Breast screening appointment delays is a recent issue due to a national shortage of mammographers and radiologists, which is being managed locally. For all three cancer screening programmes there is more work to do to reach deprived communities and groups
- For non-cancer screening (Aortic Abdominal Aneurysm (AAA), Ante Natal and New Born (ANNB), Diabetic Eye (DE)), all programmes are progressing well and there have been promotional activities focusing on increasing uptake rates and reaching deprived communities
- For adult immunisations (Pneumococcal, Shingles, prenatal Pertussis and seasonal Flu) support is being given to CWS CCG to improve the shingles vaccination uptake rates in its larger population in these age groups, locally commissioned maternity units are delivering around 400 Pertussis vaccinations a month
- For childhood immunisations the uptake rates for routine childhood vaccinations in West Sussex, are higher than the national average and reflects the hard work and commitment of local practices, local Child Health department and the immunisation team at Sussex Community NHS Foundation Trust, however, there is still more to do to meet national targets
- For seasonal flu vaccinations, the uptake rate in children during 2018-19 improved and is higher than the South East rate. For adults aged 65 years or older the uptake rate nearly met the national target of 75%, and reflects the hard work and commitment of local practices and pharmacies. For those under 65 years in risk groups and pregnant the uptake rates generally exceeded that of the South East too, but improvements are needed to increase the uptake rates closer to the national target of 55%.
- Improving air quality is now a corporate priority for the Council with the formation of the West Sussex Inter Authority Air Quality group bringing together members from each local authority. The group will support the continued work of Sussex Air who successfully obtained two Defra grants – the first to raise awareness of air quality issues with schools and businesses working with Sustrans (a charity whos' aims are to make it easier for people to walk and cycle), Living Streets (a charity promoting everyday walking) and Phlorum (air quality consultants); and the second to raise awareness around burning solid fuels in domestic settings (Clean Burn Sussex project)
- Emergency Preparedness Resilience and Response saw the Council sign up to the Sussex LHRP MoU for Health Protection Incidents, lead a review

of the LHRP Pandemic Flu plan, and contribute to the Westhampnet fire response

1.6 For 2019-20, the key areas to focus on include:

- Supporting and further developing robust TB pathways in Crawley and Mid Sussex areas
- to identify primary focus of HCAI through continued collaboration with provider organisations and implement focused reduction strategies in line with the STP HCAI reduction Strategy
- Continuing the Infection Prevention and Control Champions programme to support care homes and domiciliary providers to help reduce the incidence of HCAI and outbreaks
- to support screening programmes to increase uptake and reduce inequalities
- Supporting the immunisation programmes promotional activities focusing on seasonal Flu, Measles, prenatal Pertussis, and Shingles vaccinations
- Working with internal and external partners to improve air quality
- Supporting the EPRR planning and delivery of multiagency exercises

2. Proposal

2.1 It is proposed that the DPH updates the Health and Adult Social Care Select Committee on the West Sussex Health Protection Annual Report 2018/2019 and health protection activities across the county to provide assurance that all parts of the system are working together effectively towards various targets and outcomes, ensuring the local authority's statutory responsibilities are met. The Committee is invited to scrutinise the annual report prior to publication, providing any comment to the DPH.

3. Resources

3.1 None.

Factors taken into account

4. Issues for consideration by the Select Committee

4.1 The Health and Adult Social Care Select Committee is invited to consider the West Sussex Health Protection Annual Report 2018-2019 and the subsequent recommendations made, providing any comment to the Director of Public Health (DPH) prior to publication.

5. Consultation

5.1 External – the following external partner organisations were contributors to the annual report:

- Public Health England South East – Health Protection Team Surrey and Sussex
- Public Health England South East – Screening and Immunisation Team Kent, Surrey and Sussex
- Coastal West Sussex CCG - Quality

- Central Sussex and East Surrey Commissioning Alliance

5.2 Internal - the following internal partner teams were contributors to the annual report:
- Public Health – Health Protection
- Children, Families and Working Age Adults Commissioning - Sexual Health
- Communities and Public Protection – Emergency Resilience
- Economy, Infrastructure and Environment – Sustainability

6. Risk Implications and Mitigations

6.1 Risks and mitigating actions have been set out in the detail of this report and are monitored by the West Sussex Health Protection Group.

7. Other Options Considered

7.1 No other options were considered as this is an annual report on the Health Protection functions and contributions that have taken place during 2018-2019.

8. Equality Duty

8.1 This report is an Annual Report that covers a large number of domains that encompass the Health Protection function. These domains have the potential to impact on all West Sussex residents regardless of any protected characteristcs. Where protected characteriscs do apply, individual organsiations and stakeholders who deliver this function will be responsible for ensuring that any potential impact is managed as part of their equality duty.

9. Social Value

9.1 Not applicable.

10. Crime and Disorder Implications

10.1 None

11. Human Rights Implications

11.1 None

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Appendices
West Sussex Health Protection Annual Report 2018-2019

Background Papers
None

References

1. UK Parliament. Health and Social Care Act 2012 [Online]. 2012 [accessed 2019 Aug 29]. Available from: http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

2. Department of Health. Directors of Public Health in Local Government: Roles, responsibilities and contex [Online]. 2013 [accessed 2019 Aug 29]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/249810/DPH_Guidance_Final_v6.pdf

3. Department of Health, Public Health England, Local Government Association. Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. May 2013.

West Sussex Health Protection Annual Report 2018/2019

west sussex county council

Contents

Glossary

AAA	Abdominal Aortic Aneurysm
ANNB	Ante Natal and New Born
AQMA	Air Quality Management Area
aTIV	Adjuvant Trivalent Influenza Vaccine
BASHH	British Association for Sexual Health and HIV
BSI	Bloodstream Infection
CCG	Clinical Commissioning Group
CDI	Clostridium Difficile Infection
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRCE	Centre for Radiation, Chemicals and Environmental Hazards
DESP	Diabetic Eye Screening Programme
DPH	Director of Public Health
EHO	Environmental Health Officer
EPRR	Emergency Preparedness Resilience and Response
FIT	Faecal Immunochemical Test
HCAI	Health Care Associated Infection
HCW	Health Care Worker
HMS	Horsham Mid Sussex
HPT	Health Protection Team
HPV	Human Papillomavirus
HSE	Health and Safety Executive
IAAQ	Inter Authority Air Quality
ICU/HDU	Intensive care Unit / High Dependency Unit
ILI	Influenza Like Illness
IPC	Infection Prevention and Control
JCVI	Joint Committee for Vaccination and Immunisations
JSNA	Joint Strategic Needs Assessment
LHRP	Local Health Resilience Partnership
LTBI	Latent TB Infection
MMR	Measles Mumps and Rubella
MRSA	Meticillin Resistant Staphylococcus Aureus
MSSA	Meticillin Sensitive Staphylococcus Aureus
NHSE	NHS England
NIEH	Non-infectious Environmental Hazards
NOx	Nitrogen Oxides
PHE	Public Health England
PHOF	Public Health Outcome Framework
PM	Particulate Matter
QA	Quality Assurance
SAQP	Sussex Air Quality Partnership
SCFT	Sussex Community Foundation Trust
SQAS	Screening Quality Assurance Service
SRF	Sussex Resilience Forum
STP	Sustainability and Transformation Partnership
WHO	World Health Organisation
WSCC	West Sussex County Council
WSHT	Western Sussex Hospitals Trust

Introduction

The Director of Public Health (DPH) role encompasses statutory and non-statutory functions in order to deliver an effective public health strategy. The DPH is the lead officer for three domains of public health – health improvement, healthcare public health, and health protection. The Secretary of State delegates some health protection functions to local authorities, namely:

- to prepare and participate in arrangements against threats to health of the local population, including infectious diseases, environmental hazards and extreme weather events
- to provide or secure the provision of open access to sexual health services

Health protection seeks to prevent or reduce the harm caused by infectious diseases and minimise the health impact from environmental hazards. Successful health protection requires strong working relationships with a number of key partners. The DPH led West Sussex Health Protection and Screening Assurance Group fulfils the leadership and assurance responsibilities to provide system wide oversight, working with the following partners

Public Health England (PHE) is responsible for health protection functions including surveillance, incident/outbreak management, national guidance, and strategic policy. PHE is also responsible for commissioning screening and immunisations services. In West Sussex these functions are delivered by PHE South East:

- Health Protection Team (Surrey and Sussex) based at Horsham
- Screening and Immunisations Team (Surrey and Sussex) embedded within NHS England and based at Horley

NHS England (NHSE) is responsible for commissioning HIV and Hepatitis services.

Clinical Commissioning Groups (CCGs) are responsible for commissioning TB services, infection control services in acute trusts and in the community, and for quality of immunisation in primary care services. In West Sussex these functions are delivered by:

- Coastal West Sussex CCG
- Crawley CCG
- Horsham and Mid Sussex CCG

Local Authority Environmental Health teams are responsible for exercising legal powers in relation to investigation of food related outbreaks and those associated with workplaces, to protect the public's health.

The DPH is responsible for the local authority's contribution to health protection matters including:

- planning and responding to incidents/outbreaks that present a threat to the public's health
- commissioning sexual health services
- seeking assurance that all parts of the health system are working together

Health Protection and Screening Assurance Group

The Health Protection and Screening Assurance group is chaired by West Sussex County Council (WSCC) Director of Public Health and meets quarterly. The core organisations include WSCC Public Health, PHE South East Health Protection Team, and CCGs. Other organisations and teams are invited according to the work plan.

The group provides an annual report for the Public Health Board and escalates any concerns to the Local Health Resilience Partnership (LHRP), CCG, PHE, WSCC Public Health Board, and/or to the Chief Executive level of the Local Authority or NHSE as appropriate.

Terms of reference

In March 2019 the terms of reference for the group were reviewed. The aims and purpose were agreed as follows:

- to seek assurance that measures are in place to assess the risks to health protection and screening of the local population, and provide assurance to local authority
- to ensure health protection issues are raised and addressed by the appropriate internal and external fora including the Sussex Resilience Forum (SRF), Sussex LHRP, Programme Boards and Committees and escalate as appropriate
- to seek assurance that Care Quality Commission (CQC) registered care homes and domiciliary care providers have arrangements in place that meet health protection and infection prevention and control standards
- to provide intelligence on health protection and screening issues to inform WSCC Joint Strategic Needs Assessment (JSNA)
- to receive and review information and data quarterly from stakeholders to seek assurance that providers are meeting requirements in relation to health protection and screening
- to review information and make recommendations to the DPH
- to provide horizon scanning for health protection and screening risks to the population of West Sussex

For 2019/20 in scope for the group are:

- healthcare associated infections (HCAI)
- antimicrobial resistance strategy
- communicable diseases
- environmental health issues
- non-infectious environmental hazards (NIEH) including Air Quality
- emergency preparedness in relation to health protection and screening issues
- pandemic flu preparedness
- seasonal influenza
- local delivery of national screening programmes.
- local delivery of national immunisation programmes

Work plan

In March 2019 the work plan was reviewed. Standing items to be covered at each meeting include:

- PHE Health Protection
- Screening general update
- Immunisations general update
- Emergency resilience
- HCAI
- NIEH/Air Quality

Additional items are covered at specific meetings as follows:

- June – annual report, Infection Prevention and Control (IPC) Champions programme, WSCC care home IPC assurance
- September – Environmental Health, seasonal flu campaigns
- December – seasonal flu incidence update
- March – PHE Screening and Immunisations annual update, seasonal flu vaccine update

Infectious Diseases

PHE South East Health Protection Team (Surrey and Sussex)

The PHE South East centre has four Health Protection Teams (HPTs) who provide specialist support to prevent and reduce the effect of infectious diseases, chemical and radiation hazards, and major emergencies. The Surrey and Sussex Health Protection team is based in Horsham, covering the population resident in West Sussex, East Sussex, Brighton and Hove and Surrey.

The HPT provides a 24/7 acute duty room and on call service to respond to any notifications of health protection infections or incidents. There is a legislative list of statutorily notifiable infectious diseases and causative organisms that registered medical practitioners must report to the proper officer (PHE consultants are appointed by all district and borough councils in West Sussex as proper officers), by phone or notification forms to the acute duty room. The HPT may also be alerted about such cases or outbreaks of communicable diseases through a variety of other sources such as schools, care homes, TB teams or members of the public. Health protection legislation also requires diagnostic laboratories to report specified infections to PHE directly, which are received on a daily basis from microbiologists at local or reference laboratories. Using these information sources, the HPT also undertakes routine surveillance activities to identify any potential clusters or outbreaks of infections that warrant further exploration, and detailed analyses to support outbreak investigations and management.

For each of the above notifications, the HPT uses national PHE guidance and local standard operating procedures to review and determine if, and what, public health actions may be required for both the case, and people that have been in contact with the case, in order to reduce the risk of them either developing or passing on the infection to others in the community.

The HPT also provide advice and support for chemical, radiation, and emergency planning and response queries and incidents, working with colleagues within the national PHE team e.g. Centre for Radiation, Chemical and Environmental Hazards (CRCE). CRCE also provide support to the Local Authority with respect to environmental permits and planning applications.

The HPT relies on good working relationships with a large number of stakeholders to be able to deliver the public health response to a specific case or outbreak; this includes colleagues such as GPs, CCGs, secondary care clinicians, NHSE, Trust Infection Control Teams, TB nurses and Environmental Health Officers (EHOs). Examples of the types of public health actions that might be taken include infection control and exclusion advice to a gastro-intestinal case; vaccinating contacts of a Hepatitis A case; providing antibiotics for contacts of a meningococcal meningitis case; or arranging swabbing and antivirals for residents in a care home setting with a flu outbreak. In addition, the HPT or the EHO from the relevant Borough or District Council may undertake questionnaires with cases to determine the possible source of infection and to identify and implement further measures that may be required to prevent or control a wider outbreak.

West Sussex Data

In West Sussex, during the period 1 April 2018- 31 March 2019, the HPT dealt with:

Enquiries

There were 707 enquiries representing a 42.8% increase on 2017/18 figures. Enquiries come from a variety of sources and range from requests for general topic information through to specific questions relating to a case, outbreak or incident.

Type of enquiry	Number	%
Communicable Disease Control	320	45.3
Community Infection Control	318	45
Immunisations and Vaccinations	42	5.9
Environmental Issues	11	1.6
Non-Clinical and Media related	7	1
Water Contamination	5	0.7
Travel health	3	0.4
Healthcare Associated Infections (HCAI)	1	0.1
Total	707	100

Source of enquiry	Number	%
Public and other	134	19
Care Homes	102	14.4
GPs	93	13.2
EHO (LA)	79	11.2
Schools	78	11
Childcare/preschools	72	10.2
Hospital Health Professionals	67	9.5
Practice Nurses	38	5.3
Laboratories	24	3.4
School Nurses	10	1.4
Community Health Professionals	10	1.4
Total	707	100

Cases

There were 3037 cases (of which 2002 were laboratory confirmed). These can be broken down by type of infection as follows:

Gastro-intestinal infections (confirmed)	No: West Sx	West Sx Rate/ 100,000#	SE rate/ 100,000# #
Campylobacter	995	116.7	126.3
Cryptosporidium *	218	25.6	10.6
STEC (all serotypes)	33	3.9	4.2
Giardia	140	16.4	14.5
Hepatitis A	8	0.9	0.6
Salmonella (non-typhoidal)	116	13.6	12.7
Shigella (all species/ serotypes)	22	2.6	3.4
Typhoid and Paratyphoid**	NS	NS	0.5
Total	1536	-	-
***High rate related to open farm outbreak in West Sx**			
**** NS=numbers suppressed due to low figures and patient confidentiality, but West Sx rate is similar to SE rate**			

Blood-borne Viruses (BBVs) (confirmed)	No: West Sx	West Sx Rate/ 100,000#	SE rate/ 100,000 ##
Hepatitis B*	26	3.1	5.7
Hepatitis C**	12	1.4	2.4
Total	38	-	-
***Majority were chronic cases**			
****Systematic under reporting of Hep C**			

Vaccine Preventable Diseases (confirmed)	No: West Sx	West Sx Rate/ 100,000#	SE rate/ 100,000 ##
Meningococcal	8	0.9	1.0
Pertussis*	102	12.0	7.7
Measles**	38	4.5	1.5
Mumps***	9	1.1	1.4
Total	157	-	-
***Additional 5 probable and 30 possible cases**			
** Confirmed high rate is due to Chichester schools outbreak. Additional 10 probable and 39 possible cases**			
***Additional 3 probable and 54 possible cases**			

Other	No: West Sx	West Sx Rate/ 100,000#	SE rate/ 100,000 ##
Scarlet fever* (All confidences)	333	39.1	40.7
TB**	35	4.1	6.1

***The number of cases has remained high over the last few years within West Sussex and nationally**

****Three year average 2016-2018**
https://www.gov.uk/government/publications/tuberculosis-in-england-annual-report

Predicted populations for West Sussex taken from ONS.gov.uk site. 2017 mid-year: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland
SE rates do not include the Milton Keynes population as this not covered by the SE PHE Centre

The Public Health Outcome Framework (PHOF) indicators for infectious diseases are shown in Appendix 1

Outbreaks
There were 246 outbreak situations or incidents, of which the key ones include:

Type of setting	Number	%
Care Home*	81	38.6
Schools	62	29.5
Nursery/Preschool	34	16.2
Hospital	29	13.8
Visitor attractions*	4	1.9
Total	210	100

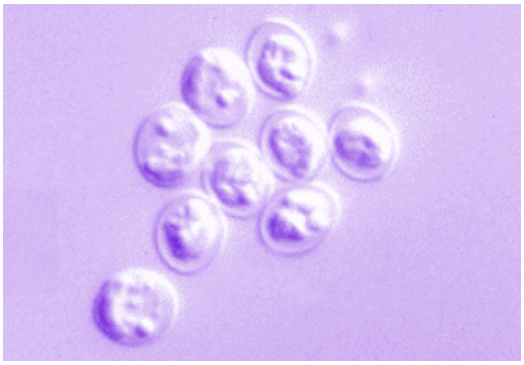
***Includes 60 norovirus, 11 seasonal influenza and 3 scabies outbreaks, which respectively represents 22%, 17% and 17% of the SE total for similar outbreaks**

****Includes 3 norovirus and 1 Cryptosporidium related to an open farm**

Specific cases and/or outbreaks of note within West Sussex include:

- a number of complex TB cases and incidents requiring place-based screening of contacts, including exposures in hospitals, schools and immigration removal centres
- outbreaks of seasonal flu in hospitals and care homes. West Sussex GP Influenza-like illness (ILI) consultation rates in the 2018-19 season peaked during week 6 of Feb at 23.4 per 100000, rather later than the SE and rest of the country which peaked in weeks 1 - 3. Overall rates of ILI in West Sussex and nationally were lower than in the 2017-18 season
- a very large cryptosporidium outbreak related to visits to an open farm in West Sussex during lambing season, with a

multi-agency response to investigate and manage the public health risk. A total of 203 cases with a known link to the farm were recorded (119 confirmed, 82 probable and 2 possible). This was one of four Cryptosporidium outbreaks related to open farms during lambing season across the South East in 2018-19.



Public Health Wales, Cryptosporidium

- a measles outbreak in school pupils in the Chichester area (29 cases reported - 22 confirmed (18 by ref lab), 4 probable, 3 possible), with additional MMR vaccination catch-up clinics offered for unvaccinated children in the area
- HPT involvement in the multi-agency response to a large fire at Chichester amenity tip
- public health risk assessment and response to an incident of sick passengers on an inbound flight into Gatwick airport
- a chickenpox cluster in prison and detention setting
- high case numbers of scarlet fever (in line with the national increase)

West Sussex Strategic Projects

The HPT are also involved in a wide variety of strategic projects with multi-agency partners. Work within West Sussex over the last year has included:

- the preparation and distribution of Winter Readiness packs for Care Homes and Schools, to reduce the impact of Norovirus and Seasonal influenza outbreaks
- provision of monthly surveillance reports on laboratory confirmed cases, notifications and situations for the EHOs and Local Authority Public Health teams
- regular liaison and meetings with EHOs in the District and Borough Councils, to ensure close working relationships for the investigation and management of specified gastro-intestinal disease cases and outbreaks
- attendance at local CCG and acute trust infection control committee meetings and in particular, provision of support to target the reduction of C.difficile and E.coli bacteraemia infections within Coastal West Sussex CCG
- support for the Screening and Immunisation Teams in ensuring effective delivery of immunisations across the patch, and in the support of flu vaccination promotional campaigns by WSCC
- attendance at the SRF and Sussex LHRP meetings and associated emergency planning exercises, to ensure effective emergency and recovery plans are in place
- close work with Crawley, Horsham and Mid-Sussex CCG and Surrey and Sussex Healthcare NHS Trust to develop a robust and high-quality TB service for the north patch of West Sussex
- on-going work with Gatwick Airport Ltd, Crawley Borough Council and other airport partners to ensure robust port health plans

West Sussex Key Challenges

The key areas of challenge within West Sussex in terms of infectious diseases are:

- higher rates of TB in the Crawley area (ETS data: 23 cases in 2016 (rate of 20.6 per 100,000) and 14 cases in 2017 (rate of 12.5 per 100,000)) compared with the South-East rate of 6.5 per 100,000 and 6.2 per 100,000 for 2016 and 2017 respectively and England rate of 10.1 per 100,000 and 9.1 per 100,000 for 2016 and 2017.

  There have been on-going staff capacity issues causing difficulties with supporting Enhanced Case Management for complex cases and the management of numerous incidents requiring large scale screening of contacts, with the Latent TB Infection (LTBI) screening programme in primary care also being stopped due to insufficient resources

- the large numbers of care homes in West Sussex. Although this year's flu season was quieter than previous years, these settings remain at risk of both flu and norovirus outbreaks, with consequent impacts on the wider health economy and individuals within the care system. Care homes are often noted to have no or poorly effective occupational health services, which then results in low flu vaccination uptake rates for their staff
- prison and detention settings tend to have out-sourced occupational health provision, which often leads to delays in provision of public health measures on-site for staff impacting on rapid responses to contain outbreaks
- the on-going resourcing pressures on environmental health teams who hold the legal powers to enforce health protection legislation and implement controls during outbreaks using various statutes, causing potential delays to managing gastro-intestinal cases and outbreaks
- the uptake of 2 MMR vaccines by 5 years old not reaching the 95% target to provide adequate herd immunity, thereby increasing the risk of widespread measles outbreaks
- increasing numbers of open farms providing open days to the public during lambing season, with a need to maintain awareness about the standards required as documented in the Industry Code of Practice, to reduce the risk of spread of gastrointestinal illness

Environmental Health

The HPT rely on close working relationships with EHOs in the District and Borough Councils to deliver public health investigations and response for a number of infectious diseases, (especially gastro-intestinal), and non-infectious environmental hazards. EHOs have the statutory powers of enforcement such as ensuring:

- cases with infectious diseases and/or their close contacts comply with exclusion from work/school
- that premises identified as potential sources of an illness/outbreak undertake relevant remedial actions to improve their infection control or food preparation procedures
- equipment that puts public health at risk is removed from use e.g. unhygienic tattooing equipment

- closure of premises identified as potential ongoing sources of an outbreak where necessary
- long term remediation of pollutants affecting public health e.g. contaminated land remediation; improving local air quality standards; environmental permits
- acute chemical incidents affecting public health are managed e.g. heating oil spillages, spray paint workshops permit condition failures are rectified
- private drinking water supplies are improved to meet the required standards
- substandard private sector housing that puts occupiers at risk of illness or safety is rectified e.g. lead paint implicated in child lead poisoning is removed
- occupational exposures to employees and the public are investigated and resolved

The HPT and Sussex EHOs meet every four months to share learning from cases and incidents, and to raise and resolve any multi-agency issues. Any specific problems identified here can be escalated to the West Sussex Health Protection and Screening Assurance Group. Over the last year there have been no specific issues that required escalation to this group for further action.

The Surrey and Sussex single case plan, a document owned by the HPT and EHOs which clearly details the required evidence-based public health actions by individual infection, responsible organisation and required timescales, remains in place to guide effective and consistent case and incident management in a timely fashion.

One of the key outbreaks this year where the HPT and EHOs worked closely together was the Cryptosporidium outbreak associated with the open farm in West Sussex, where joint site visits and implementation of public health control measures were undertaken in collaboration with the Health and Safety Executive (HSE).

Sexual Health

Two Public Health Outcome Framework (PHOF) indicators address sexual health /health protection issues (Appendix 2):

- Chlamydia diagnoses in young people aged 15-24 years at 2,300 per 100,000 of the population
- reducing the number of late diagnoses in HIV (newly diagnosed with HIV where CD4 count is lower than 350/mm^3 blood)

Current progress

In 2018 the chlamydia diagnosis rate for West Sussex was 1,478/100,000 of the target population; lower than the South East regional average of 1,615/100,000 and the England average of 1,975/100,000. Most routine screening occurs through sexual health and primary care services. Opportunistic screening is carried out by the Integrated Sexual Health Services (ISHS) at outreach events and through the distribution of postal kits. The ISHS have struggled to recruit and retain outreach staff; this is being addressed as part of the re-procurement of the sexual health services.

The effect of HIV treatment in reducing viral load to undetectable, and therefore un-transmissible, levels (treatment as prevention[1]) and the recent introduction of the Pre-Exposure Prophylaxis IMPACT trial in England[2] are having an impact on HIV diagnoses. In 2012 there were 70 new diagnoses within the year (a rate of 10.4/100,000 of the population over the age of 15 years), in 2017 there were 38 new diagnoses (5.4/100,000), this decline is mirrored within the South East region and across England. The testing coverage for HIV in eligible service users in West Sussex at 73.9% remains above the regional and England average (at 68.4% and 64.5%). The overall prevalence of HIV continues to increase regionally and within England, the prevalence of diagnosed HIV in West Sussex and the South East region is 1.8/1,000 of the population age 15-59 years compared to an England rate of 2.32/1,000. In 2009-11 there were 96 people diagnosed late with HIV in West Sussex representing 50% of the newly diagnosed cohort, in 2015-17 there were 54 late diagnoses accounting for 42.2% of all new diagnoses. In England the late diagnosis rate for 2015-17 was 41.1%. In West Sussex, East Sussex and Brighton all late diagnoses are treated as untoward incidents by the Sussex HIV Network and learning is used for training across all sectors of the health economy.

Emerging issues

Mycoplasma genitalium (MGen) is the smallest known bacterium that can replicate itself; it infects epithelial cells in the genital and urinary tracts and in the rectum. It is thought to affect between 1 and 2% of the general population and between 4-38% of people who attend STI clinics. Infection is usually asymptomatic, but can result in urethral discharge, dysuria with cervicitis and post-coital bleeding in women; it can also lead to Pelvic Inflammatory Disease in women which is a leading factor in infertility. There is increasing research demonstrating antibiotic resistance in MGen. The British Association for Sexual Health and HIV (BASHH) released guidance on testing and treatment regimens for MGen[3].

[1] https://www.avert.org/professionals/hiv-programming/prevention/treatment-as-prevention
[2] https://www.prepimpacttrial.org.uk/

[3] https://www.bashhguidelines.org/current-guidelines/urethritis-and-cervicitis/mycoplasma-genitalium-2018/

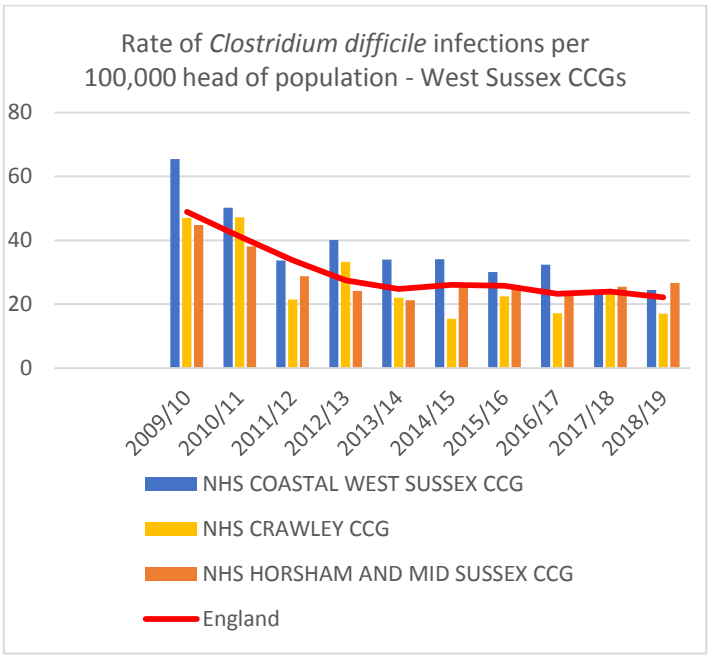
Health Care Associated Infections (HCAI)

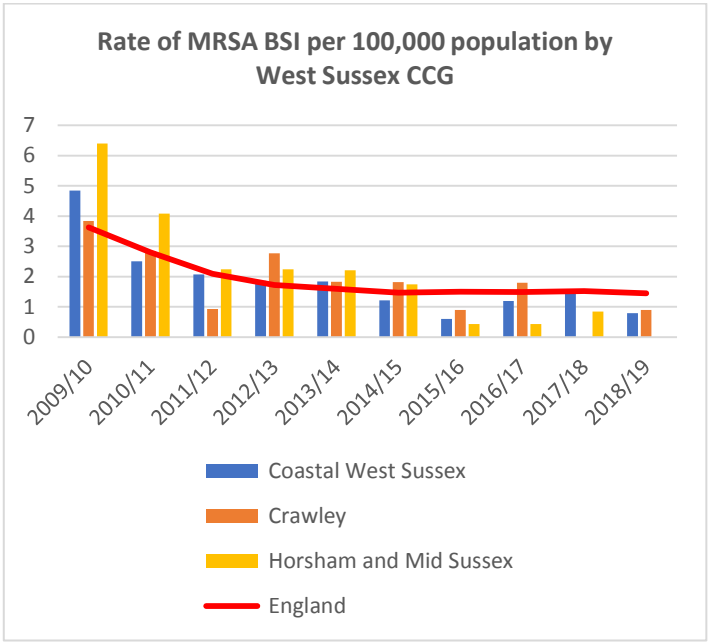
The West Sussex CCGs have joined East Sussex and East Surrey CCGs to agree a Sustainability and Transformation Partnership (STP) approach for the reduction of the following Health Care Associated Infections (HCAI):

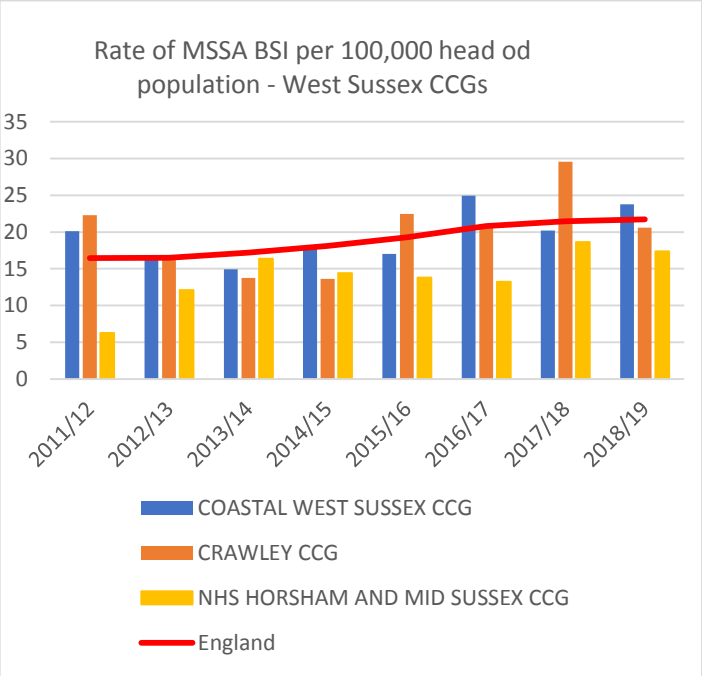
- Clostridium difficile infections (CDI)
- Meticillin resistant Staphylococcus aureus (MRSA) bloodstream infection (BSI)
- Meticillin sensitive Staphylococcus aureus (MSSA) BSI
- Escherichia coli (E. coli) BSI

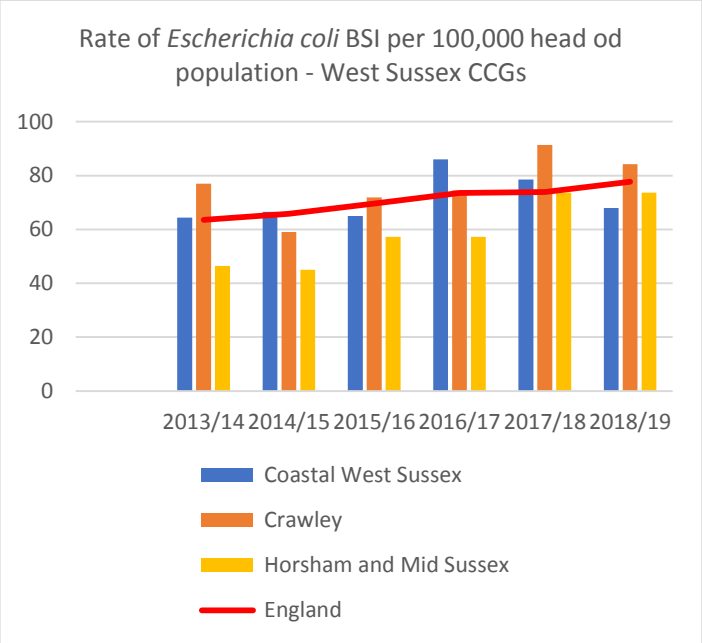
The approach is informed by a STP HCAI strategy and supported by STP wide HCAI surveillance and reporting. The desired outcome is standard recommendations for actions implemented to reduce the variation in rates of HCAI across the CCG populations as well as in the provision of services commissioned.

During 2018/19 Coastal West Sussex CCG has sustained the previous reduction of HCAI including a significant reduction of *E.coli* blood stream infections (BSI) in line with the national average rates of this infection, however a rise was seen in MSSA BSI. Crawley, Horsham and Mid Sussex (HMS) CCGs have also sustained a reduced incidence of HCAI with HMS CCG also reporting zero MRSA BSI. Further progress is required by HMS CCG to reduce the rate of *Clostridium difficile* infections and by Crawley CCG to reduce the rate of E. coli BSI in line with the national average rates.









The Public Health Outcome Framework (PHOF) indicator for antibiotic prescribing is shown at Appendix 3.

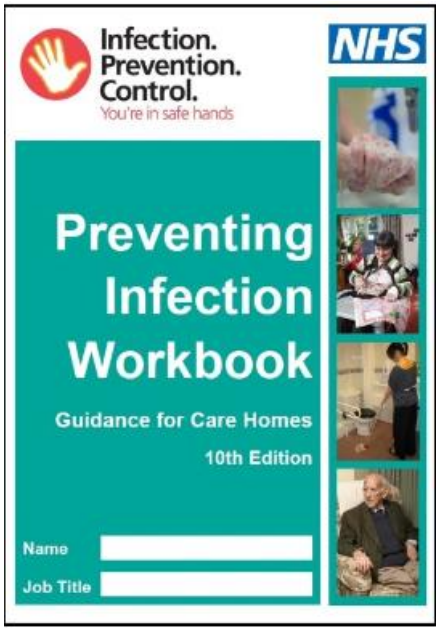
Infection Prevention and Control (IPC) Champions Programme

HCAIs and infectious diseases are a considerable and serious public health issue. Infection prevention and control (IPC) plays a significant role in both health and social care settings, to prevent or at least reduce the incidence of ill health from these avoidable infections and therefore improve outcomes.

The IPC programme aims to support the social care sector in their delivery of infection prevention and control standards through training and audits delivered by Infection Control Consultancy. We work collaboratively with WSCC Contracts Officers, PHE South East Health Protection Team, CCGs and Acute/Community Trusts to identify homes for this support, which has been well received.

Champions Training

This training is to develop IPC Champions in both the independent and WSCC provider social care sector across West Sussex. IPC Champions are the named person 'responsible' for IPC standards within their social care setting, who can influence change, and disseminate the training to colleagues using IPC workbooks.



https://www.infectionpreventioncontrol.co.uk/resources/preventing-infection-workbook-guidance-for-care-homes/

The full day training covers:

- microbiology and routes of transmission
- HCAI's
- antimicrobial stewardship
- hand hygiene
- environmental decontamination
- waste management
- outbreak management
- audit process

Following the training, delegates have access to the presentations and audit tool developed for WSCC. They are also encouraged to take up the offer of a free IPC audit within their social care setting.

In 2018/19 four IPC Champions training events were held across the County for 87 delegates, bringing the total since April 2016 to 17 training days and 521 delegates.

IPC Audits

WSCC Public Health fund up to 40 IPC audits each year, with the aim of improving the understanding of the best practice standards, identify gaps in practice, and moving towards best practice. The pre-arranged audit is carried out with the home's IPC Champion to further develop their training on using the audit tool which covers 22 areas of the care home. This enables the IPC Champion to continue to audit using the same scoring and format, so that improvements can be identified. The findings are communicated to the care home team on the day of the audit with a report to follow. There is a mechanism to escalate any significant concerns.

In 2018/19, 39 IPC audits were completed; including 3 re-audits which showed improvements in practices. This brings the total number of audits since April 2016 to 158.

A number of common themes across homes were identified from the audits:

- occupational health provision for staff
- equipment and facilities
- laundry
- cleaning products/equipment and PPE
- waste labelling and storage

The Champions Programme will continue in 2019/20 providing both training and audits. All seven WSCC providers will be audited annually and the lowest scoring 10% of care homes from the 2018/19 programme will be re-audited. In addition:

- a survey will be conducted to assess the impact of audits
- articles on the audit common themes will be included in WSCC newsletters to social care settings

Air Quality

Sussex Air

Sussex Air Quality Partnership (SAQP), known as 'Sussex Air' is an officer led group established in 1995 with a core vision to drive improvements in air quality across East and West Sussex, and Brighton and Hove by:

- helping local authorities to meet their statutory obligations to assess and report on local air quality
- providing information to the public on air quality in their area
- developing and delivering projects to improve local air quality and to reduce people's exposure to poor air quality

Sussex Air work closely with Kings College London Environmental Research Group, who manage the air quality monitoring data to provide 'near real time' results for Sussex on the dedicated website Sussex Air . This website provides public access to air quality information including:

- airAlert, coldAlert, and heatAlert services
- 'near real time' air monitoring readings
- health effects and advice
- national, local and individual actions for improving air quality

WSCC supports Sussex Air through teams from Transport Planning, Sustainability, and Public Health.

During 2018/19, Sussex Air successfully obtained two Defra Grants to deliver the following air quality projects across Sussex:

Schools and Businesses

This project commenced in July 2018 for one year focusing on reduction of nitrogen oxides (NOx) emissions from transport and is being delivered by three organisations on behalf of Sussex Air.

- Sustrans – delivering walking and cycling initiatives to 25 schools within or close to Air Quality Management Areas (AQMA)
- Living Streets – delivering anti-idling campaigns to 25 schools within or close to AQMAs
- Phlorum – recruiting 25 businesses focusing on staff travel and improving plant/machinery, with grants available towards implementing air quality improvements such as eco driver training and purchase of electric vehicles

While the project is ongoing into 2019/20, the latest figures show:

- Sustrans has recruited 26 schools (13 in West Sussex), delivered 87% of the walking and cycling activities, and are currently on target (May 2019). The number of children now cycling to school has doubled from 3% to 6%, and the number coming to school by car has dropped from 40% to 27%. During project delivery the levels of NOx measured outside the school gates was on average 26% higher than in the classrooms
- Living Streets has recruited 21 schools, delivered 62% of anti-idling activities with the rest booked in for June, and are currently on target (May 2019).
- Phlorum has focused recruiting businesses in Crawley, Gatwick, Chichester, Storrington, and Worthing areas, but this has been challenging. So far they have completed 4 energy audits, organised a Sustainable Transport eVent, and are working with Sussex Transport to increase delivery of eco driver training (May 2019).

Domestic burning
This project was approved by Defra in late March 2019 and will run during 2019/20. The project 'Clean Burn Sussex' is an educational campaign focusing on domestic solid fuel (wood, coal) burning to reduce particulate matter (PM) emissions and to change public attitudes to domestic burning.

Project development is in the early stages but will include public information via Sussex-air website, surveys to establish domestic burning habits, promotion of cleaner fuels and stoves working with local suppliers, signposting to alternative energy schemes, and a communications campaign starting in autumn 2019.

West Sussex Inter Authority Air Quality Group (IAAQ)

In Nov 2017 the West Sussex Joint Leaders Board agreed that the County and District/Borough Councils would develop a joint air quality plan. The plan Breathing Better - a partnership approach to improving air quality in West Sussex was published in May 2018. A new member led West Sussex Inter Authority Air Quality Group (IAAQ) was then set up to oversee governance of the plan.

During 2018/19, IAAQ has met twice and agreed terms of reference and an action plan. Action plan topics include:

- monitoring progress on action plans for individual AQMA
- considering related strategies and policies e.g. Ultra-Low emission vehicle strategy
- identifying project funding streams
- providing smoother driver training for local authority staff
- working with communities, residents, businesses, parish councils
- developing a public information campaign, including anti-idling
- working with developers through planning processes to include electric vehicle charging points
- looking at feasibility of differential parking charges and additional air quality monitoring on pay and display machines
- reviewing scoring mechanisms for infrastructure schemes and Traffic Regulation Orders
- responding to government consultations and provide statements to push for action on air quality

Public Health gave a presentation to IAAQ on the health impacts of poor air quality, to support why joint action is needed to protect the public's health.

Public Health has also developed health messages covering:

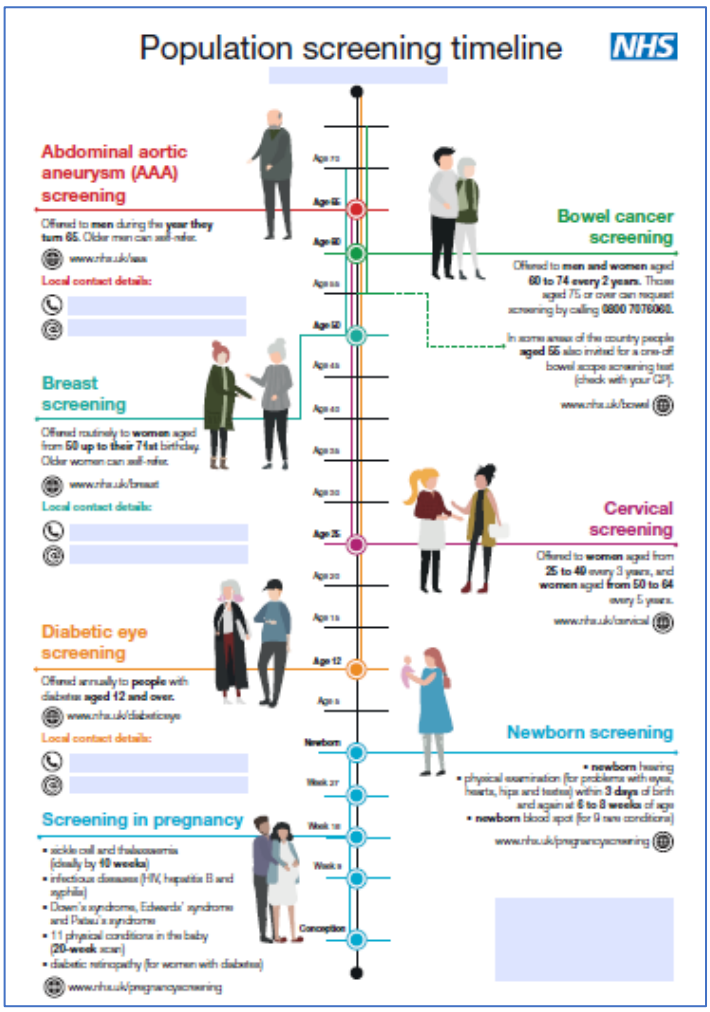
- active travel
- public transport
- driving
- anti-idling
- low emission vehicles
- couriers
- wood burning
- indoor air pollution
- health impacts
- financial and health costs
- air pollution sources

- Sussex airAlert service

Public Health is working closely with the Sustainability and Communications Teams to develop a sustained public information campaign for 2019/20 starting with Breathe Easy Week and Clean Air Day in June 2019, using a brand logo.

The Public Health Outcome Framework (PHOF) indicator for air quality is shown at Appendix 4**.**

Screening Programmes



https://www.gov.uk/guidance/nhs-population-screening-explained#printable-screening-information-resource

Cancer Screening

The Surrey and Sussex Screening and Immunisation team have recently established a cross agency cancer screening forum aiming to improve uptake and decrease inequalities by bringing together agencies involved and sharing good practice and improving multi agency working. WSCC Public Health is a member of this forum.

Bowel Cancer

The offer for bowel screening for West Sussex is spread through three programmes:

- West Sussex Bowel Programme serves the Coastal West Sussex CCG
- Surrey Bowel Programme covers the Crawley population
- East Sussex Bowel Programme serves the Mid Sussex population

Faecal immunochemical test (FIT) is a new screening test that has been rolled out since June from the Southern Bowel Hub. It is a more sensitive test and is likely to impact the bowel screening centres as there is likely to be an increase in the number of diagnostic tests required. This knowledge has impacted the roll out of bowelscope across West Sussex as services have to plan for the potential impact of FIT.

Bowel	West Sussex	SE Region	England
Coverage	63.1	61.2	59.60
Uptake	61.3	59.70	57.70

https://fingertips.phe.org.uk/profile/general-practice/data#page/0/gid/2000005/pat/152/par/E38000021/ati/7/are/G81090/iid/639/age/28/sex/4

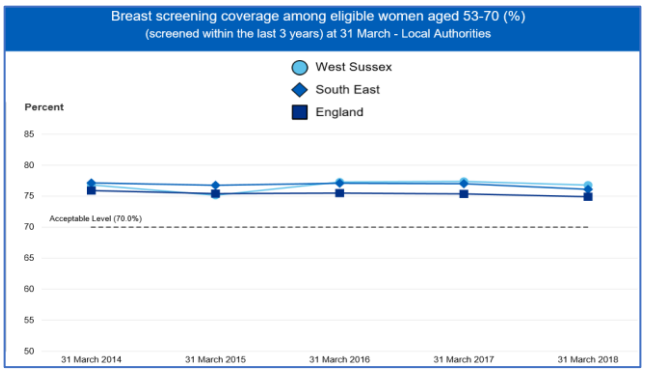
Breast Cancer

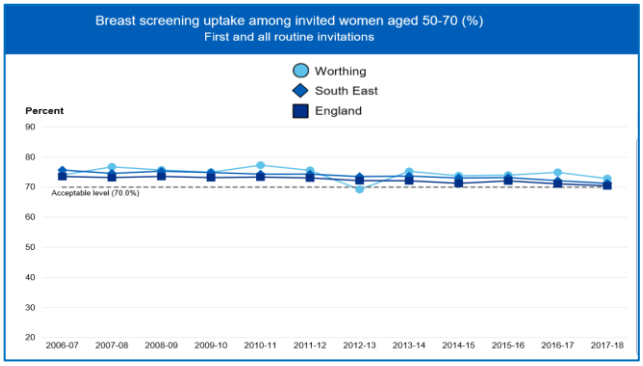
West Sussex breast programme has recently had issues with their round length which means about 40% of women are not getting their appointments within the 36 months, this is only a recent issue and is being managed. It is due to a national shortage of mammographers and radiologists.

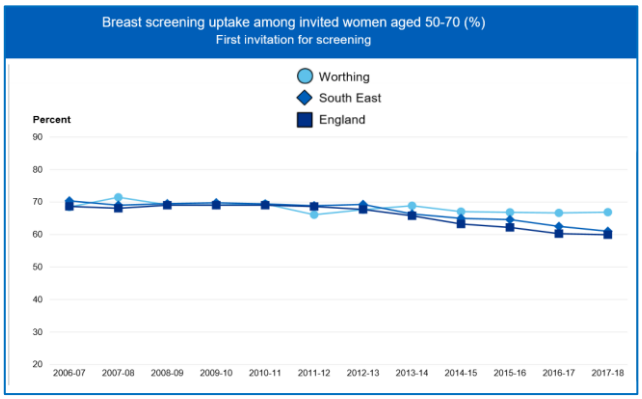
The programme is proactive in trying to improve uptake and have recently attended community events and are planning how they can work to improve equality for certain hard to reach groups.

Breast	West Sussex	SE Region	England
Coverage	76.8	76.1	74.9
Uptake	72.8	71.3	70.5

https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england-2017-18







Cervical Cancer

Women taking up the offer for cervical screening are at a 20 year low and there have been two recent campaigns to promote cervical screening for women and eligible trans people.

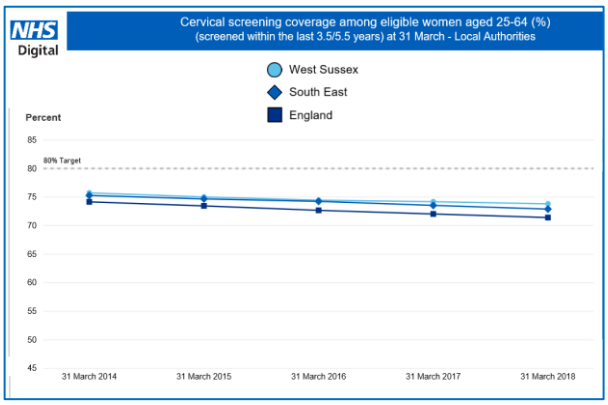
The laboratory serving the West Sussex population is based in Brighton (Frontier lab). The laboratory services for cervical screening are in the process of moving to a new base. This is as part of the national implementation of a new way of analysing samples to test for Human papillomavirus (HPV). This will be rolled out in late 2019. The impact of this is a national shortage of cytologists as staff are redeployed and retrained. This national shortage has adversely affected turnaround times with some women having to wait up to three months for their results. This is a temporary situation and once HPV as a primary test is implemented the turnaround times will improve.

Colposcopy services are provided at Worthing, Chichester, Haywards Heath, Crawley and Brighton. Some of these services have had recent Quality Assurance (QA) visits and the providers are proactively working with Screening Quality Assurance

Service (SQAS) and commissioners to fulfil the recommendations.

Cervical	West Sussex	SE Region	England
Coverage	73.8	72.9	71.4

https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/cervical-screening-programme-coverage



Non-cancer screening

Abdominal Aortic Aneurysm (AAA)

The Abdominal Aortic Aneurysm (AAA) key performance indicators are reported annually for each programme area. The most up to date Sussex AAA coverage for 2017-18 is shown below:

AAA	Sussex	South	England
Coverage	90.5	91.6	92.1

https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018

For 2018-19 the Sussex AAA programme is progressing well. Uptake is 78.6% for Q3 and most of the acceptable standards have been met for Q4.

Average day attendance for October to December 2018 is good for most of West Sussex but lowest for Crawley and highest for Chichester and Midhurst localities. The trend Did Not Attend (DNA) rates is reducing. This maybe a result of reminder letters which were reinstated at the end of January.

Following the redistribution of screening posters across West Sussex, there has been a significant increase in self-referrals to the service. Specifically the programme has concentrated on pharmacies, which has definitely made a difference.

The correlation between deprivation and attendance by GP surgery is still prevalent. Promotional activities are focused where possible on the more deprived areas, including Crawley.

The AAA service was present at a wellbeing health event in Horsham and whilst the community in attendance had generally already been screened, it was good for networking with other organisations that could pass on information about the programme.

A local GP event in Littlehampton was well attended, though the agenda of those attending was very specific, the feedback was generally positive and the service was photographed and advertised in the local paper.

The programme shared a stand at the South of England Show with the Breast, Bowel and Diabetic Eye Screening Programmes, which

established good partnership working and a joint approach for screening.

Antenatal and Newborn (ANNB)
Some Sussex women may go to Princess Royal Hospital (Haywards Heath) or Brighton and Sussex Universities Hospital (Brighton). Crawley and Horsham women may also go to East Surrey Hospital (Redhill) or Royal Surrey (Guildford). So there are cross border pathways in place.

Sussex Community Trust provides the health visiting service, FNP and 0-19 immunisations.

Western Sussex Hospitals Trust (WSHT) has two maternity units based at Worthing and Chichester. WSHT are meeting all the key performance indicators and there are no concerns. A quality assurance visit was carried out on 4 June 2019 with no immediate concerns. The draft report is awaited. A long standing screening coordinator has just retired but there is good succession planning and a whole public health midwifery team is in place.

Diabetic Eye (DESP)
West Diabetic Eye Screening Programmes (DESP) and Brighton and Sussex DESP recently completed an audit on:

- patients who had not attended screening in the past 3 years
- GPs that had a higher rate of patients that did not attend

Work was undertaken to contact patients and even though initial contact was encouraging, the overall results were disappointing as only 21% of East Sussex patients and one patient from West Sussex then attended screening appointments.

The Commissioning for Quality and Innovation (CQUIN) set for both these programmes for this year are to improve uptake in community engagement.

West Sussex DESP is also looking at work to continue covering prisons, nursing homes and forensic facilities. Brighton and Sussex DESP is currently producing a monthly progress report and there has been an increase in performance.

The West Sussex DESP shared a stand at the South of England Show with the Breast, AAA and Bowel Screening Programmes, which established good partnership working and a joint approach for screening promotion.

DESP	West Sussex	Brighton and Sussex	South	England
Uptake	87.2	80.4	82.6	82.7

https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2017-to-2018
The NHS DESP has recently become aware that published data for uptake may have been calculated incorrectly by one of the software providers. Therefore, this data is to be nationally updated.

The Public Health Outcome Framework (PHOF) indicators for screening are shown at Appendix 5.

Immunisation Programmes

Routine Immunisation schedule

Immunisation of babies, children and adults provides protection against vaccine preventable infections. The NHS routine immunisation schedule (Autumn 2018), based on the advice from the Joint Committee for Vaccination and Immunisation (JCVI), sets down when specific vaccines should be given for optimal protection against the following diseases:

Babies and young children upto age 3 years and 4 months old

- Diphtheria
- Tetanus
- Pertussis (Whooping cough)
- Polio
- Haemophilus influenza type b
- Hepatitis B
- Pneumococcal
- Meningococcal group B
- Rotavirus
- Meningococcal type C
- Measles
- Mumps
- Rubella (German measles)
- Influenza

Children age 12 years and older

- Human papillomavirus (HPV) - girls*
- Diphtheria
- Tetanus
- Polio
- Meningococcal groups A,C,W,Y

Adults age 65 years and older

- Pneumococcal
- Influenza
- Shingles

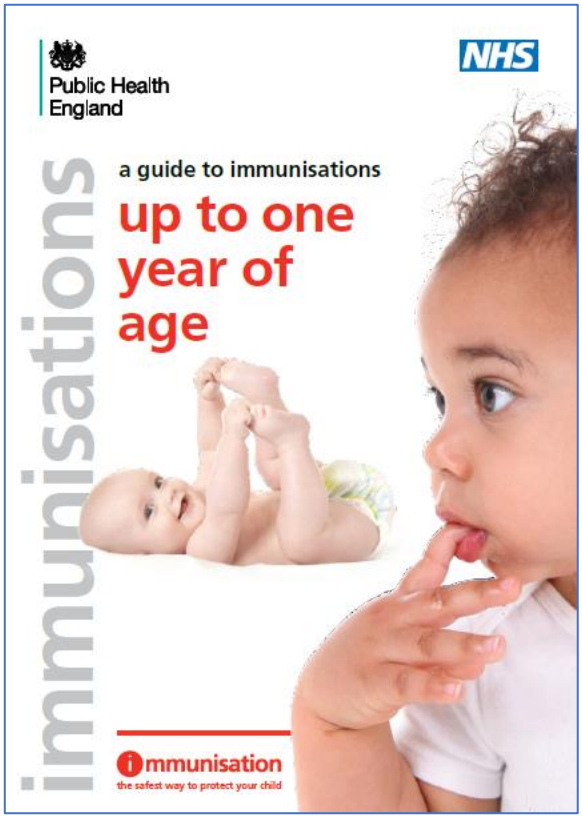
* 12/13 year old boys will become eligible for the HPV vaccine from September 2019.

The NHS selective immunisation programme also offers protection against Hepatitis B, Tuberculosis, Influenza and Pertussis to certain target groups; and those with underlying medical conditions are offered additional vaccines.

Both schedules can be found at:
https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule

The Public Health Outcome Framework (PHOF) indicators for vaccination coverage are shown at Appendix 6.

Childhood Immunisation



https://www.gov.uk/government/publications/a-guide-to-immunisations-for-babies-up-to-13-months-of-age

GP practices are responsible for providing vaccinations to children aged under five years old. This includes all vaccinations under the universal programme and the

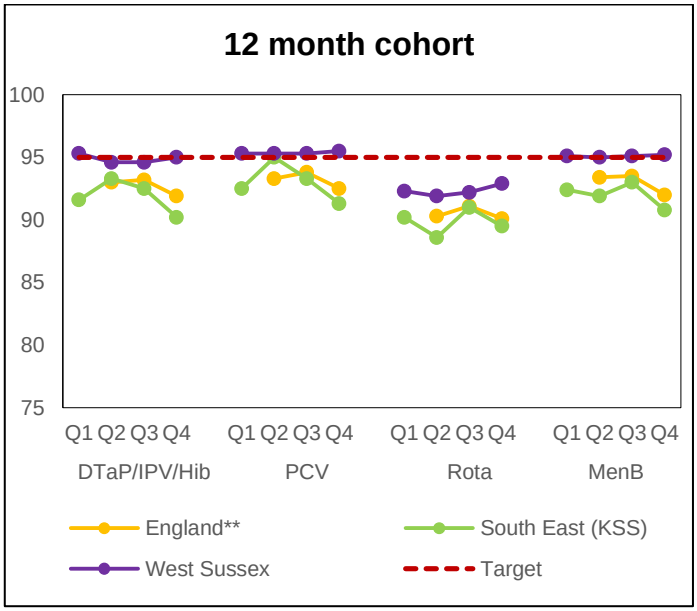
selective vaccination programmes such as neonatal Hepatitis B and Flu to children from the age of 6 months to 18 years of age in a clinical risk group. Vaccinations for children from Reception to Year 9 are routinely provided in school by the Community School Immunisation team with catch up opportunities available to maximise vaccine uptake rates and to facilitate the targeting of other hard to reach groups. NHSE has commissioned Sussex Community NHS Foundation Trust (SCFT) to offer a school aged vaccination programme to all eligible cohorts as described below:

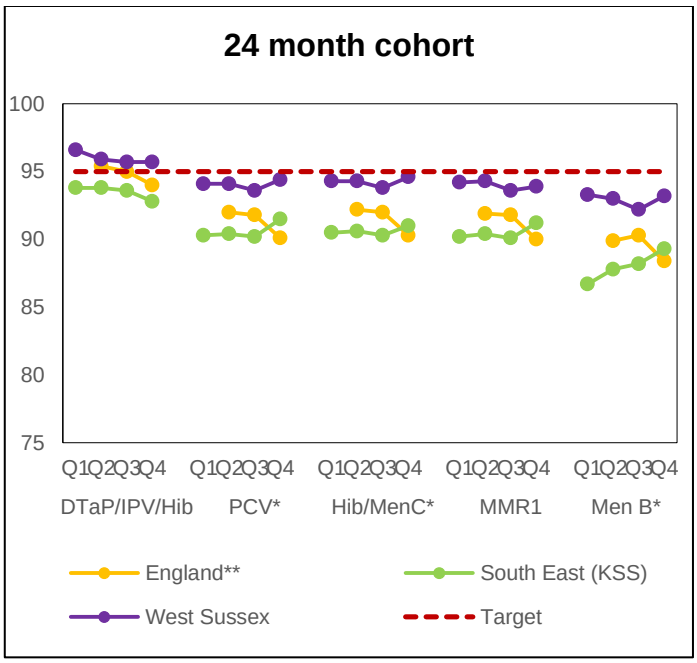
- Childhood Flu Vaccination Programme – Reception to Year 6
- HPV – 12 to 13 year old girls currently, with the vaccination programme being extended to include boys from September 2019
- Teenage Booster Programme (MenACWY and Tetanus boosters) – Year 9

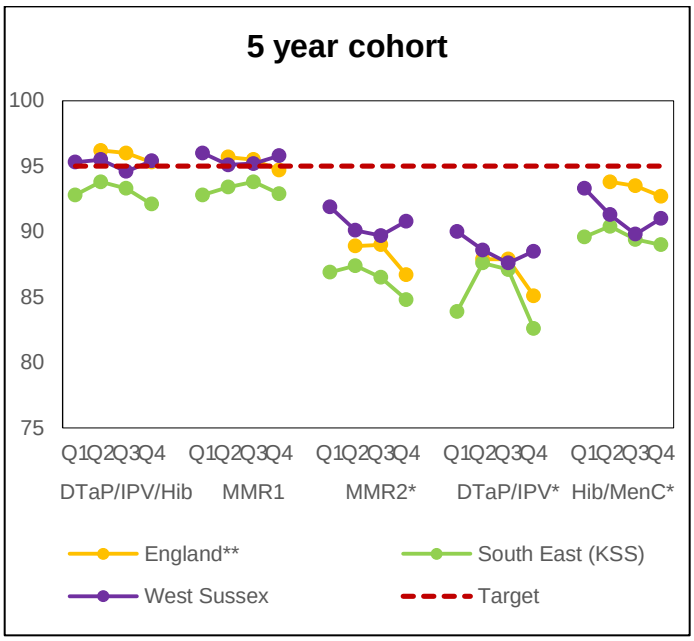
These are school aged vaccination programmes and SCFT provides this service to all children in education (state, independent and special needs schools, pupil referral units, home educated cohorts, and children missing out of education).

Vaccination uptake for the universal childhood vaccination programme is monitored on a quarterly basis by PHE for children reaching their first, second and fifth birthdays. At age twelve months, children should have completed their primary vaccination course. At age two, children should have completed their primary vaccinations and the ones due at age one. At age five, children should have completed all the routine vaccinations (primaries and booster doses) before starting school. Based on the World Health Organisation (WHO) guidance, in order to achieve herd immunity, an uptake of 95% is required for all the routine childhood vaccinations.

For 2018-19 the annual vaccination coverage rates for children aged upto 12 months, 24 months and 5 years are yet to be published by PHE. However the 2018-19 quarterly coverage rates are published and are shown below:







*Booster dose
**Data quality issues associated with data migration to the NE London CHIS hub has affected many of the LAs resulting in London coverage be significantly under-estimated this quarter. Due to the impact London data has on national figures England and UK estimates have not been calculated for Q1
https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2018-to-2019-quarterly-data

Adult Immunisation

Pneumococcal vaccination

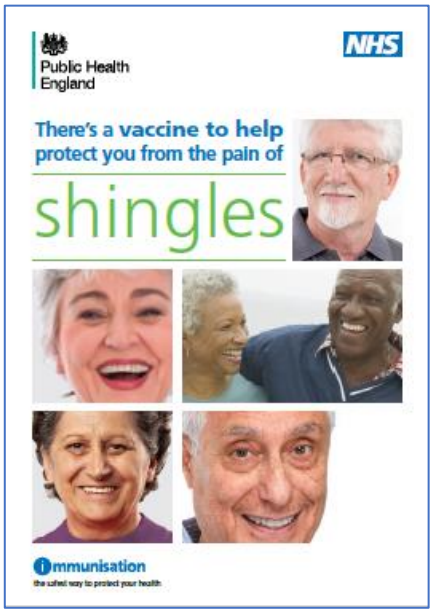
This vaccination programme is for all patients aged 65 and over, as well as for patients from the age of 2 years and over who are in a clinical at risk group. This is a once only vaccination for most patients, apart from specific cohorts of patients who should have a booster every five years. There is an annual uptake survey for patients aged 65 and over. The national coverage target is 75% and the latest published rates for Pneumococcal vaccination coverage in West Sussex (2017-18) are as follows:

Pneumococcal vaccination	Coverage %
England	69.5
Kent, Surrey and Sussex	67.7
West Sussex	68.1
Coastal West Sussex CCG	68.8
Crawley CCG	65.1
Horsham and Mid Sussex CCG	67.4

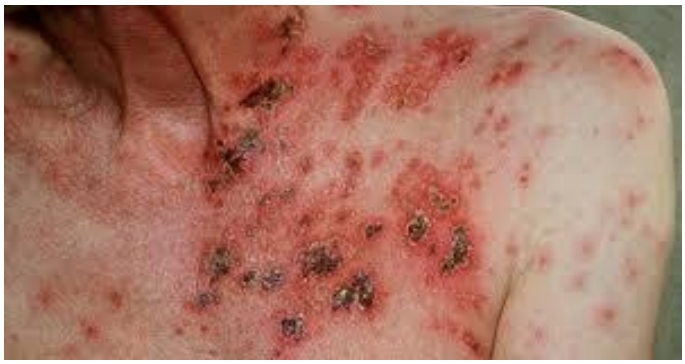
https://www.gov.uk/government/publications/pneumococcal-polysaccharide-vaccine-ppv-vaccine-coverage-estimates

Shingles vaccination

The Shingles vaccination programme commenced in September 2013. The routine cohort is for patients' age 70 years and the catch-up cohort is for patients aged 78 years. Patients remain eligible for the vaccination until their 80th birthday.



https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet



Shingles - www.healthline.com

The national coverage target is 60% and the most up to date Shingles vaccination coverage in West Sussex from 1 April 2018 to 31 December 2018 is shown as follows:

Shingles vaccination routine cohort (age 70 years)	Coverage %
England	31.9
Kent, Surrey and Sussex	30.4
West Sussex	34.3
Coastal West Sussex CCG	34.3
Crawley CCG	30.8
Horsham and Mid Sussex CCG	35.8
Shingles vaccination catch up cohort (age 78 years)	**Coverage %**
England	31.9
Kent, Surrey and Sussex	30.7
West Sussex	34.3
Coastal West Sussex CCG	35.4
Crawley CCG	33.6
Horsham and Mid Sussex CCG	31.5

Shingles Vaccine Coverage by CCG, LT and LA for in England, data to end March 2019 (quarter 3) Available at : https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2013-to-2014-provisional-vaccine-coverage-data

Prenatal Pertussis vaccination

This vaccination programme was introduced in October 2012 following a rise in the incidence of Pertussis cases and deaths in young babies. The prenatal Pertussis vaccination programme is aimed at protecting a triad – mother during pregnancy, foetus (through transplacental transfer of antibodies through vaccination) and the newborn up until the age of 8 weeks when the baby will be eligible for their first set of primary immunisations. Pregnant women are eligible for this vaccination from 16 to 32 weeks gestation in order to protect their unborn child.

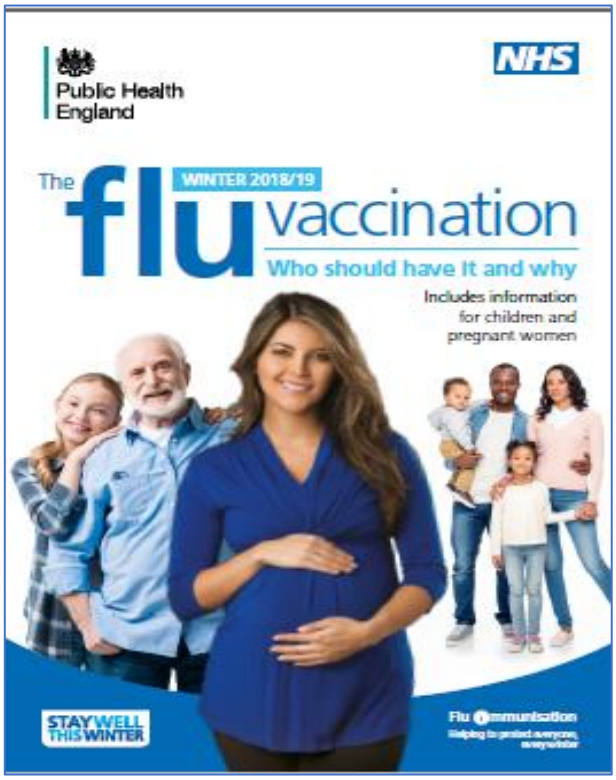
https://www.gov.uk/government/publications/resources-to-support-whooping-cough-vaccination

For 2018-19 the annual coverage of prenatal Pertussis vaccinations for England and NHS England local teams are available, however the annual coverage rates by CCGs are yet to be published by PHE. Monthly published coverage rates for CCGs are published and the latest prenatal Pertussis vaccination monthly coverage rates for March 2019 are shown below:

Prenatal Pertussis vaccination	Coverage %
England (Annual)*	68.8
Kent, Surrey and Sussex (Annual)*	72.1
West Sussex	Not available
Coastal West Sussex CCG (March 2019)**	62.4
Crawley CCG (March 2019)**	74.6
Horsham and Mid Sussex CCG (March 2019)**	80.3
This is based on 99% GP practices who have submitted Prenatal Pertussis monthly data onto ImmForm in March 2019	

*Pertussis vaccination programme for pregnant women update: vaccine coverage (England) January to March 2019 (and annual coverage update)
**Prenatal pertussis coverage estimates by area team and clinical commissioning group: England, January to March 2019
Source: ImmForm / https://www.gov.uk/government/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england-october-2013-to-march-2014 (Published: 26/4/19)

Seasonal influenza vaccination



https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why

The flu vaccine is the best protection we have against an unpredictable virus that can cause unpleasant symptoms in most people and severe illness and death among at-risk groups, including older people, pregnant women and those with an underlying medical health condition.[1] Influenza can cause a spectrum of symptoms ranging from mild to severe, even among people who were previously well. The impact on the population varies from year to year, depending on how many people are susceptible to the dominant circulating strain.[2] The capacity for the virus to mutate/change and the duration of protection from the vaccine (about one season), are the reasons that the vaccine is tailored each year to protect against the most commonly circulating strains and shows why annual vaccination is necessary.[2]

Vaccination if offered to 'at risk groups', the elderly, the very young, and people with underlying medical conditions who are at a greater risk of suffering severe illness and are more likely to develop serious complications such as pneumonia.[1]

These vaccines are provided free of charge by the NHS and delivered in primary care (e.g. GP surgeries, community pharmacies). The children's programme is delivered through schools for children in reception through to year 5.

2018-2019 season

In the 2018 to 2019 season, low to moderate levels of influenza activity were observed in the community with circulation of influenza A (H1N1) pdm09 followed by influenza A (H3N2) in the latter part of the season. Activity started in week 01, with the length and peak of activity in general practice varying across the UK, reaching low levels in England, Scotland and Northern Ireland and medium levels in Wales.[3]

Influenza transmission resulted in high impact on secondary care for hospitalisations and intensive care unit (ICU)/High dependency unit (HDU) admissions. The impact of influenza A (H1N1) pdm09 was predominantly seen in the younger age groups (15-44 and 45-64 years) in both GP consultations and hospital and ICU/HDU influenza admissions. Peak admission rates of influenza to hospital and ICU were similar or slightly lower than seen in 2017 to 2018 but higher than all other seasons since 2010 to 2011. Levels of excess all-cause mortality were the lowest seen since 2013 to 2014 in England.[3]

The UK, as with many Northern Hemisphere countries, found that the majority of circulating influenza A (H1N1) pdm09 and influenza A (H3N2) strains that were characterized, were genetically and antigenically similar to the Northern Hemisphere 2018 to 2019 influenza A (H1N1)pdm09 and influenza A (H3N2) vaccine virus strains.[3]

The 2018 to 2019 season also saw the roll-out of a newly licensed adjuvant trivalent influenza vaccine (aTIV) for all those aged 65 years and over. Provisional vaccine effectiveness for adults including the elderly were encouraging in 2018 to 2019.[3] For 2018-19 the uptake of seasonal influenza vaccination in West Sussex is as follows:

	Age >65 %	*Age <65 %	Preg-nant %	Age 2** %	Age 3*** %
South East KSS	71.1	46.4	45	42.4	45.6
Coastal West Sussex CCG	74	49.6	43.9	47.4	49.1
Crawley CCG	70.5	48.2	48.2	43.4	46.2
Horsham and Mid Sussex CCG	73	48.6	48.6	52.4	52.7
Target	75	55	55	48	48

*Age<65 (at risk)

**Age 2 combined (in a clinical risk group and not in a clinical risk group)

***Aged 3 combined (in a clinical risk group and not in a clinical risk group)

For children in the schools programme the national seasonal influenza uptake ambition was 50-60%. For 2018-19 excellent uptake rates were achieved by SCFT across all eligible cohorts in primary schools as shown below:

School Age	Target %	West Sussex %	South East KSS %
Reception	65	73.4	63.2
Year 1	65	71.6	64.3
Year 2	65	68.7	62.2
Year 3	65	67.2	61.0
Year 4	65	63.8	60.8
Year 5	65	61.6	56.5

https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019

Frontline healthcare workers (HCW) involved in direct patient care are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza**.** The 2018 to 2019 influenza season recorded a seasonal influenza vaccine uptake of 70.3% amongst HCWs in England, an increase in uptake by 1.6%. This is the highest uptake achieved since the start of the programme in the 2002 to 2003 season when the uptake was 14.0%.

For HCW serving the population of West Sussex, the 2018-19 seasonal influenza uptake were as follows:

NHS Foundation Trust	All %	Doctors %	Nurses %	Clinical staff %	Support staff %
BSUH	58	54.1	54.4	74.3	60.4
QEV	61.2	39.1	69.4	67.4	63.9
SASH	67.5	64.3	69.5	77.3	64.1
WSHT	65.8	57.2	66.8	69.8	66.7
Sussex Community	79.4	91.4	67.1	73.7	97.6
Sussex Partnership	78	90.5	67.2	62.9	96.4
SECAmb	78.7	N/A	N/A	78.7	N/A
South East KSS	63.2	67.2	65.3	67.3	60.7
Target	75	75	75	75	75

https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-winter-2018-to-2019

1. NHS Choices. Seasonal flu vaccination: http://www.nhs.uk/Conditions/vaccinations/Pages/flu-influenza-vaccine.aspx
2. Public Health England. Healthcare worker vaccination: clinical evidence. September 2018 https://www.nhsemployers.org/-/media/Employers/Documents/Flu/flu-fighter-clinical-evidence-1819.pdf
3. Public Health England. Surveillance of influenza and other respiratory viruses in the United Kingdom: winter 2018 to 2019. May 2019 https://www.gov.uk/government/statistics/annual-flu-reports

Emergency Preparedness, Resilience and Response (EPRR)

Public Health has a Resilience and Emergency Adviser embedded in the WSCC Resilience and Emergencies Team to:

- ensure public health is considered in all plans for response to emergencies
- support the "What If" programme to
- developing community resilience
- support the Sussex LHRP to plan for the health response
- support the Sussex Resilience Forum (SRF) to plan for all partners response

This year work has included:

- leading the review of the LHRP Pandemic Influenza framework document
- signing up to the Sussex LHRP Memorandum of Understanding for the response to Health Protection Incidents
- as chair of the SRF Emergency Welfare Work Stream Group, developing and delivering psychosocial and psychological support training to staff across the whole of Sussex, who would work with families of victims of major incidents
- working with Community Resilience Team volunteers to deliver over 1000 public health information leaflets to properties affected by the smoke from the Westhampnet Household Recycling Centre fire, in Chichester

Westhampnet Household Recycling Centre fire
Arial photo supplied by Eddie Mitchell, Photographer

Conclusions

During 2018-19 the main health protection and screening/immunisation issues to note are:

1. Data shows that for the majority of infections the West Sussex rate per 100,000 population was below or around that of the South East rate. Exceptions were:
   - Cryptosporidium (due to an outbreak associated with an open farm)
   - Pertussis
   - Measles (due to an outbreak amongst school pupils in the Chichester area). It should be noted that the 2 MMR vaccines uptake rate by 5 years old is <95% required for herd immunity and therefore increases the risk of outbreaks
   - TB (in the Crawley area)

2. The majority of outbreaks in West Sussex are in care home settings (norovirus and flu), followed by schools and nursery/preschools. A number of measures are in place to support these sectors including:
   - the Winter Readiness packs for care homes and schools which aims to reduce the impact of norovirus and seasonal flu outbreaks
   - IPC Champions Programme for CQC registered care homes and domiciliary care providers, which provides training and audits (including a number of re-audits)

   There are often low flu vaccination rates amongst care home staff. While there are few care homes with occupational health services, social care staff do have access to free flu vaccination through the GPs NHS Programme.

3. There have been difficulties supporting the Enhanced Case Management of complex TB cases and TB incidents requiring large scale screening of contacts due to ongoing staff capacity issues; and the LTBI screening programme in primary care has been stopped.

4. Coastal West Sussex, Crawley, and Horsham and Mid Sussex CCGs have sustained reduced incidence of HCAI. For Coastal West Sussex CCG this includes a significant reduction of *E.coli* bloodstream infections and Horsham and Mid Sussex CCG achieved the government aim of zero MRSA BSI infections. However a rise was seen in MSSA BSI at Coastal West Sussex and further work is needed to support a reduction. Crawley CCG needs to focus on reducing the rate of *E. coli* bloodstream infections and Horsham and Mid Sussex CCG to reduce the *Clostridium difficile* rate further.

5. The Chlamydia diagnosis rate for West Sussex is lower than the South East and England rates. There is a decline in the West Sussex rate of new HIV diagnosis, with 42.2% of these being a late diagnosis (2015-2017).

6. Bowel, Breast and Cervical Cancer screening coverage and uptake rates are good, but there are significant delays for:
   - cervical screening test results for the West Sussex population served by the Brighton Laboratory are taking up to 3

months, due to a national shortage of cytologists. This is expected to be addressed when the primary HPV test is introduced in late 2019, and the laboratory services have been fully mobilised

- Breast screening appointments for around 40% of women in West Sussex are not within the 36 months. This is a recent issue affected by a national shortage of mammographers and radiologists and is being managed locally.

The non-cancer screening programmes (AAA, ANNB and DESP) are progressing well. For AAA and DESP screening programmes, promotional activities are focused on increasing uptake e.g. in prisons and nursing homes; and reaching deprived communities, including Crawley. Brighton and Sussex DESP is currently producing monthly progress reports which show an increase in performance.

7. The Surrey and Sussex Screening and Immunisations (SIT) team have been working on improving the adult vaccination uptake rates for Shingles across the area. CWS CCG has been identified for extra support due the larger population of this age group and a lunchtime learning event for all staff (nursing and admin) involved in the shingles vaccination programme is being hosted by the SIT

8. In order to improve prenatal Pertussis vaccine coverage, NHSE has commissioned maternity units to deliver the prenatal pertussis vaccination at the same time as the fetal anomaly scan to improve access and offer a flexible service to pregnant women. This locally commissioned service is working well however there are some issues with the data collection which NHSE is trying to resolve locally to reflect an accurate local uptake. There are approximately 400 vaccinations delivered on a monthly basis by the local maternity service which is really good uptake achieved locally.

9. The adult seasonal flu vaccination uptake rates for West Sussex CCGs, were generally higher than the South East (Kent Surrey and Sussex area) rates.

   For adults aged 65 years or older the uptake rate nearly met the national target of 75%, reflecting the hard work and commitment from our local practices and pharmacies to promote and deliver the flu vaccine. For those under 65 years in risk groups and pregnant, the uptake rate generally exceeded that of the South East too but improvements are needed to increase the uptake rates closer to the national target of 55%.

10. The childhood seasonal flu vaccination uptake rates for West Sussex CCGs in 2018/19 were better compared to the previous year hence improvement made by many practices locally. The uptake achieved in West Sussex was higher than the South East average (Kent Surrey and Sussex area). Partnership working at local level with NHSE, CCG Quality Leads, STP leads and colleagues from the Primary Care Networks will lead to further improvement in local processes and delivery of a robust flu vaccination programme.

11. In West Sussex, the uptake rates for the routine childhood vaccination programmes are higher than the national average and this reflects the hard work and commitment from our local practices, local Child Health Department, and the immunisation team at SCFT. There are areas for improvement to reach herd immunity level for some of the programmes where the uptake is less than 95%. This is being addressed locally by having a Joint Immunisation Improvement Plan in place to ensure partnership working at local level involving all key stakeholders. NHSE has also commissioned a local CQUIN to improve data quality and access to childhood immunisations. This involves both Child Health and SCFT (School Immunisation Team) working closely with GP practices to support with data reconciliation and to offer additional catch up opportunities locally. SCFT also runs an advice line where parents can call in to speak to healthcare professionals.

12. Air Quality is now a corporate priority for WSCC and the formation of the West Sussex IAAQ members group will help to support the work of Sussex Air. Sussex Air successfully obtained two Defra grants to raise awareness of improving air quality with schools and businesses, and for a 'Clean Burn Sussex' project.

13. EPRR saw WSCC sign the Sussex LHRP MoU for Health Protection Incidents, lead a review of the LHRP Pandemic Influenza plan, deliver training and contribute to the Westhampnet fire response.

Recommendations for 2019/2020

For 2019-20 recommendations for collaborative working for the health and social care economy:

- to continue to seek system wide assurance through partnership working via the Health Protection Assurance Group
- to continue the timely and effective identification of, and response to, cases and outbreaks of infectious diseases in order to reduce the public health risk to the population of West Sussex
- to support and further develop robust TB pathways in Crawley and Mid Sussex area
- to support Environmental Health teams in West Sussex to deliver their health protection functions
- to continue working with sexual health service providers to ensure young people, under the age of 25 years, receive information about chlamydia and easy access to screening kits
- to identify primary focus of HCAI through continued collaboration with provider organisations and implement focused reduction strategies in line with the STP HCAI reduction Strategy
- to continue the Infection Prevention and Control Champions programme to support the care home and domiciliary providers to help reduce the incidence of HCAI and outbreaks
- to work with internal and external partners across West Sussex to improve air quality
- to support screening programmes to increase uptake and reduce inequalities
- to support the uptake of all immunisations with a focus on seasonal influenza vaccine, MMR vaccine, prenatal pertussis vaccine and shingles vaccine
- to work with partners to review the Surrey and Sussex Immunisation Strategy, and to develop a specific Kent Surrey Sussex Measles Elimination Plan
- to support the EPRR planning and delivery of multiagency exercises
- to promote winter preparedness to care homes, domiciliary care providers and schools

Public Health Outcomes Framework (PHOF)
Appendix 1 - Public Health England indicators: Infectious diseases

Better | Similar | Worse | Not compared

– Could not be calculated | → No significant change | ↑ Increasing / Getting worse | ↑ Increasing /Getting better | ↓ Decreasing /Getting worse | ↓ Decreasing /Getting better | ↑ Increasing | ↓ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
Typhoid & paratyphoid incidence rate/100,000 (Persons, All ages)	2017	→	4	0.47	0.5	0.53	6.11	0	
Campylobacter incidence rate/100,000 (Persons, All ages)	2017	–	977	116	118	97	174	16	
Non-typhoidal Salmonella incidence rate/100,000 (Persons, All ages)	2017	–	131	15.5	15.1	15.7	46.7	7.8	
Giardia incidence rate/100,000 (Persons, All ages)	2017	–	122	14.5	11.8	8.5	51.2	0	
Cryptosporidium incidence rate/100,000 (Persons, All ages)	2017	–	71	8.4	6.4	7.3	21.9	0	
Shigella incidence rate/100,000 (Persons, All ages)	2017	–	43	5.1	4.8	3.5	46.4	0	
STEC (Shiga toxin-producing Escherichia coli) serogroup O157 incidence rate/100,000 (Persons, All ages)	2017	→	15	1.8	1.1	1.0	3.4	0	
Listeria incidence rate/100,000 (Persons, All ages)	2017	↓	0	0	0.22	0.23	1.66	0	
Mumps incidence rate/100,000 (Persons, All ages)	2017	↓	6	0.7	3.1	3.2	30	0	
Measles incidence rate/100,000 (Persons, All ages)	2016	↓	4	0.5	0.6	1.0	16.2	0	
Pertussis incidence rate/100,000 (Persons, All ages)	2017	–	147	17.2	8	7.8	27.1	0	
Legionnaires' disease confirmed incidence rate/100,000 (Persons, All ages)	2016	–	5	0.59	0.61	0.61	2.34	0	
TB incidence (three year average) (Persons, All ages)	2015 - 17	–	115	4.5	6.5	9.9	58.2	0	
Acute hepatitis B incidence rate/100,000 (Persons, All ages)	2017	–	0	0	0.73	0.8	4.03	0	
Hepatitis C detection rate/100,000	2016	–	98	12.4	-	19.7	1.6	222.1	
Scarlet fever notification rate/100,000 aged 0-9 yrs (Persons, 0-9 yrs)	2016	↑	247	251	253	230	612	2	

Source: Public Health England Fingertips: Health Protection Profile

Appendix 2 - Public Health England indicators: HIV and Chlamydia

Better | Similar | Worse | Not compared

– Could not be calculated | → No significant change | ↑ Increasing / Getting worse | ↑ Increasing /Getting better | ↓ Decreasing /Getting worse | ↓ Decreasing /Getting better | ↑ Increasing | ↓ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
New HIV diagnosis rate / 100,000 aged 15+	2017	↓	38	5.4	5.8	8.7	44.6	0	●
HIV late diagnosis (%) <25% 25% to 50% ≥50%	2015 - 17	–	54	42.2%	44.0%	41.1%	68.6%	0%	●
Chlamydia detection rate / 100,000 aged 15-24 <1900 1900 to 2300 ≥2300	2017	↓	1,208	1,446	1582	1929	957	4,483	●

Source: Public Health England Fingertips: Health Protection Profile

Appendix 3 - Public Health England indicators: Antibiotic prescribing

Better | Similar | Worse | Not compared

– Could not be calculated | → No significant change | ↑ Increasing / Getting worse | ↑ Increasing /Getting better | ↓ Decreasing /Getting worse | ↓ Decreasing /Getting better | ↑ Increasing | ↓ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
Adjusted antibiotic prescribing in primary care by the NHS ≤ mean England prescribing 2013/14 > mean England prescribing 2013/14	2017	–	484,571	0.94	1	1.04	1.38	0.54	●

Source: Public Health England Fingertips: Health Protection Profile

Appendix 4 - Public Health England indicators: Air Quality

Better | Similar | Worse | Not compared

– Could not be calculated | → No significant change | ↑ Increasing / Getting worse | ↑ Increasing /Getting better | ↓ Decreasing /Getting worse | ↓ Decreasing /Getting better | ↑ Increasing | ↓ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
Fraction of mortality attributable to particulate air pollution	2017	–	-	5.4%	5.6%	5.1%	7.1%	2.5%	○

Source: Public Health England Fingertips: Health Protection Profile

Appendix 5 - Public Health England indicators: Screening

Better | Similar | Worse | Not compared

– Could not be calculated | → No significant change | ↑ Increasing / Getting worse | ↑ Increasing /Getting better | ↓ Decreasing /Getting worse | ↓ Decreasing /Getting better | ↑ Increasing | ↓ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst	Best	
2.19 - Cancer diagnosed at early stage (experimental statistics)	2017	↑	2,165	52.30%	52.7%	52.2%	41.9%	57.70%	○
2.20i - Cancer screening coverage - breast cancer	2018	↑	78,647	76.80%	76.0%	74.9%	56.3%	81.50%	●
2.20ii - Cancer screening coverage - cervical cancer	2018	↓	160,763	73.80%	72.6%	71.4%	51.6%	78.30%	●
2.20iii - Cancer screening coverage - bowel cancer	2018	–	88,320	62.10%	60.8%	59.0%	41.0%	67.50%	●
2.20iv - Abdominal Aortic Aneurysm Screening - Coverage	2017/18	→	3,993	82.20%	82.0%	80.8%	35.8%	88.90%	●
2.20v - Diabetic eye screening - uptake	2017/18	–	-	-	83.3%	82.7%	-	-	
2.20vi - Fetal Anomaly Screening - Coverage	2017/18	–	-	-	99.3%	98.9%	-	-	
2.20vii - Infectious Diseases in Pregnancy Screening - HIV Coverage	2017/18	–	-	-	99.7%	99.6%	-	-	
2.20viii - Infectious Diseases in Pregnancy Screening - Syphilis Coverage	2016/17	–	-	-	99.8%	99.6%	-	-	
2.20ix - Infectious Diseases in Pregnancy Screening - Hepatitis B Coverage	2016/17	–	-	-	99.8%	99.6%	-	-	
2.20x - Sickle Cell and Thalassaemia Screening - Coverage	2017/18	–	-	-	99.7%	99.6%	-	-	
2.20xi - Newborn Blood Spot Screening - Coverage	2017/18	–	-	-	98.3%	96.7%	-	-	
2.20xii - Newborn Hearing Screening - Coverage	2017/18	–	8,480	99.7%*	99.2%	98.9%	95.1%	100%	●
2.20xiii - Newborn and Infant Physical Examination Screening - Coverage	2017/18	–	-	-	96.8%	95.4%	-	-	

Source: Public Health England Fingertips: Health Improvement Profile

Appendix 6 – Public Health England indicators: Vaccination coverage

Better | Similar | Worse | Not compared

– Could not be calculated | → No significant change | ↑ Increasing / Getting worse | ↑ Increasing /Getting better | ↓ Decreasing /Getting worse | ↓ Decreasing /Getting better | ↑ Increasing | ↓ Decreasing

Indicator	Period	W Sussex			Region	England	England		W Sussex Benchmark
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Best/ Highest	
Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90% 90% to 95% ≥95%	2017/18	↓	8,461	95.6%	93.7%	93.1%	75.6%	100%	
Population vaccination coverage - MenC <90% 90% to 95% ≥95%	2015/16	–	8,511	94.3%	*	*	-	-	-
Population vaccination coverage - Hepatitis B (1 year old) <90% 90% to 95% ≥95%	2017/18	–	14	100.0%	*	*	-	-	-
Population vaccination coverage - Hib / MenC booster (2 years old) <90% 90% to 95% ≥95%	2017/18	↓	8,859	94.6%	91.5%	91.2%	72.9%	100%	
Population vaccination coverage - MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2017/18	→	8,863	94.7%	91.5%	91.2%	75.0%	96.9%	
Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% 90% to 95% ≥95%	2017/18	↓	8,975	95.9%	95.0%	95.1%	83.7%	100%	
Population vaccination coverage - Hepatitis B (2 years old) <90% 90% to 95% ≥95%	2017/18	–	14	100%	*	*	-	-	-
Population vaccination coverage - Hib / Men C booster (5 years old) <90% 90% to 95% ≥95%	2017/18	↑	9,344	92.6%	90.9%	92.4%	79.5%	100%	
Population vaccination coverage - MMR for one dose (5 years old) <90% 90% to 95% ≥95%	2017/18	↑	9,668	95.8%	93.9%	94.9%	84.5%	100%	
Population vaccination coverage - MMR for two doses (5 years old) <90% 90% to 95% ≥95%	2017/18	↑	9,110	90.3%	87.2%	87.2%	66.7%	95.8%	
Population vaccination coverage - BCG - areas offering universal BCG only	2017/18	–	-	*	*	*	-	-	-
Population vaccination coverage - Flu (2-4 years old) - historical method <40% 40% to 65% ≥65%	2016/17	–	11,571	39.4%	39.3%	38.1%	19.2%	52.4%	
Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old) <80% 80% to 90% ≥90%	2017/18	–	3,801	84.1%	84.6%	83.8%	65.3%	94.3%	
Population vaccination coverage - Flu (at risk individuals) <55% ≥55%	2017/18	↓	45,903	48.0%	48.8%	48.9%	37.4%	62.2%	
Population vaccination coverage - Flu (aged 65+) <75% ≥75%	2017/18	↓	143,058	72.8%	72.8%	72.6%	58.4%	80.8%	
Population vaccination coverage - PPV <65% 65% to 75% ≥75%	2017/18	↓	130,154	68.1%	69.7%	69.5%	48.2%	78.1%	
Population vaccination coverage - Shingles vaccination coverage (70 years old) <50% 50% to 60% ≥60%	2017/18	–	6,056	48.2%	46.5%	44.4%	24.4%	57.4%	

Source: Public Health England Fingertips: Health Protection Profile

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Health & Adult Social Care Select Committee
26 September 2019
Substance Misuse Services in West Sussex
Report by Director of Public Health

Summary

Following a full tendering process, a five + two year contract for a Health, Wellbeing and Recovery Service was awarded to the national health and social care charity, Crime Reduction Initiatives (CRI) which has since been re-branded Change, Grow, Live (CGL). The new service commenced in May 2016.

In June 2017, the former Environment & Community Services Select Committee (ECSSC) received an update on the procurement and service implementation.

ECSSC asked that there was a review of the new service approximately 18 months after its implementation and recommended that this was brought for scrutiny to the Health and Adult Social Care Select Committee.

The focus for scrutiny

The Health and Adult Social Care Select Committee is asked to consider the progress made regarding the effectiveness of service arrangements and performance relating to substance misuse services in West Sussex and based on the high level Public Health Outcome Framework (PHOF) outcomes consider whether the service is achieving the necessary health outcomes for this cohort of the West Sussex population.

The Chairman will summarise the output of the debate for consideration by the Committee.

1. Background and Context

1.1 In 2014/15 a large scale review of substance misuse services had been undertaken which resulted in the drafting of a new service design and service specification. A contract was awarded to the national health and social care charity CRI, since re-branded CGL. The new service commenced in May 2016.

1.2 The service is an all age, county-wide service working with individuals who misuse a range of substances: alcohol, illegal drugs, novel psychoactive substances, over the counter medication. The service provides:

- Harm reduction and needle syringe provision
- Engagement and early interventions
- Structured treatment which can include specialist prescribing support

- Assessment for onward referral to residential support (detoxification and rehabilitation)
- Blood Borne Virus testing and vaccination
- Education, training and employment support
- Peer mentoring
- Support to families and carers

1.4 The Young People's Team in the service works with people up to 25 years, and the Adult Team(s) works with people 25+ years and with no upper age limit.

2. Assumptions of Prevalence - Alcohol and Drug Misuse

2.1 There are few information sources which capture data relating to population-level prevalence of alcohol and/or drug misuse. Applying prevalence from national surveys[1] and research[2] to the West Sussex population:-

- It is estimated that between 1,400 and 4,100 West Sussex residents use opiates and/or crack with 70% being aged 35 years or older.

- 5,500 to 9,300 residents are estimated to have a dependency on alcohol, and potentially in need of specialist treatment.

2.2 The Public Health England Risk Factors Intelligence (RFI) team has used data from the Health Survey for England, collected between 2011 and 2014, to estimate that:

- 23.7% of adults (over 18) in West Sussex are drinking above the lower risk limits of 14 units per week,
- 14.4% of adults (over 18) engaged in binge drinking on their heaviest drinking day in the past week.
- Both of these figures are similar to the England average.

2.3 Estimates of Alcohol Dependence in England based on the Adult Psychiatric Morbidity Survey 2014 suggest that 2,710 children live with an adult with alcohol dependency.

3. Local Performance

3.1 West Sussex County Council managers have access to data collated by the National Drug Treatment Monitoring System (NDTMS). This is available on www.ndtms.net. It provides a view of the most up to date performance.

3.2 In addition, West Sussex County Council receives quarterly reports direct from the service on national and locally agreed metrics. Service performance reports are for the Young People's Service and for the Adults' Service. The commissioner shares six monthly performance with district and borough councils at a local level.

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[1] 2014 Adult Psychiatric Morbidity Survey includes questions relating to alcohol use

[2] Hay, G., Gannon, M., MacDougall, J., Millar, T., Eastwood, C. and McKeganey, N. (2006) Local and national estimates of the prevalence of opiate use and/or crack cocaine use (2004-05). In Singleton, N., Murray, R. and Tinsley, L. (Eds.) Measuring different aspects of problem drug use: methodological developments. Online Report OLR 16/06. London. Home Office.

3.3 Public Health England use three key measures of treatment outcomes for individuals 18+ years:

- Number and proportion of opiate drug users that leave drug treatment successfully who do not re-present to treatment within 6 months.
- Number and proportion of non-opiate drug users that leave drug treatment successfully who do not re-present to treatment within 6 months.
- Number and proportion of alcohol users that leave alcohol treatment successfully who do not re-present to treatment within 6 months.

3.4 In West Sussex there has been improvement in all three of these measures, with significant improvement in treatment outcomes for opiate drug users and alcohol users. (See Appendix 1, Figures 1-4).

3.5 Improvements have been sustained without a reduction in numbers being treated. (See Appendix 1, Table 1).

3.6 Prior to new service start, PHE had deemed West Sussex a 'priority area'. This meant that when using public health dashboard composite measures and benchmarking comparison with the top quartile range of comparator local authorities, West Sussex was under-performing against the key indicators. In comparison with similar authorities[3] West Sussex was relatively lowly ranked on the three performance measures, but this has improved since 2017 (see Appendix 1, Tables 2 and 3). In June 2019, PHE noted the sustained progress and advised that services now achieved treatment outcomes within an acceptable range. West Sussex remains a priority area for reducing drug-related deaths.

3.7 Commissioners continue to work closely with CGL to mitigate the impact of increasing demand. In 2019 areas of focus have included: a county-wide capacity mapping exercise; publication of service trajectories and targets with renewed focus on reviewing caseloads to ensure those individuals ready to exit treatment are not remaining on caseloads for longer than required; review and refresh of targets in sub-contracts.

3.8 Caseload reviews had identified that many people are presenting to treatment for alcohol when they are seriously unwell, i.e., very late. This supported the Council's local strategic intention to effectively address alcohol need in West Sussex and to invest a further £400,000 of Public Health Grant in alcohol early intervention services. The new early intervention services are listed in Appendix 2. Their focus is to offer support to people drinking at risky but not dependent levels, and to prevent problems from escalating. Objectives are to divert some people away from needing specialist support in the future, and to ensure that those who need treatment are less advanced when they present to specialist services.

[3] West Sussex statistical comparators are Cambridgeshire, Devon, East Sussex, Essex, Gloucestershire, Hampshire, Kent, North Yorkshire, Northamptonshire, Oxfordshire, Somerset, Staffordshire, Suffolk, Warwickshire, Worcestershire

4. Drug Poisoning Deaths

4.1 Each year the Office for National Statistics (ONS) publishes the number of drug poisoning deaths, sometimes referred to as drug-related deaths. These are identified according to the code (as defined in the International Classification of Diseases) used to describe the underlying cause of death; data are related to the year in which a death is registered.

4.2 In August 2019, ONS released the most recent round of figures. Nationally these are certainly very concerning, as set out at the link below: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsrelatedtodrugpoisoningenglandandwalesreferencetable

The link to the local authority level is here: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority

4.3 This provides the following information:

- In the period of 2016-2018 there were 119 deaths with an underlying cause of drug poisoning. Of these 119 deaths 82 were further classified as "drug misuse deaths". These are deaths due to drug abuse or drug dependence or where the underlying cause of drug poisoning relates to a substance controlled under the Misuse of Drugs Act 1971. In the previous period, i.e. between 2015-2017 there were 124 deaths, 82 were drug misuse deaths.

- In West Sussex, the age standardised rate (per 100,000 population) has declined slightly in recent years against the national continuing upward trend (See Appendix 3 - Figure 5). The West Sussex rate is below the national rate.

- The majority of drug poisoning deaths are classified as drug misuse. In 2016-2018, 69% of deaths were classified as misuse (See Appendix 3 – Figure 6).

4.4 Locally deaths of people who are known to treatment services, as a current or recent service user at time of death, are monitored. The service completes for each person a Death Investigation Report and submits the Report and Learning/Recommendations to the commissioner for review. These deaths may be due to any cause, including causes related to drugs and drug misuse but also cancer, accidents etc.

4.5 The service, commissioning team and Public Health leads continue to work with PHE on a shared priority to reduce further deaths in treatment. In 2019/20, work will be shaped by the findings and recommendations of the recently completed Public Health Audit into Drug Related Deaths. See next section.

5. Local Drug Related Deaths Audit

5.1 Following a rise in drug-related deaths, staff in the West Sussex Public Health and Social Research Unit worked with the local Coroner's office to undertake an audit of drug-related deaths. This involved reviewing individual files of 123 deaths registered in 2015, 2016 and 2017.

5.2 A range of factors were noted including the circumstances of death, toxicology data, mental health and service history. Over eighty columns of variables, including twelve free-text columns were generated.
Of the total 123 cases, 39 reviewed (32%) were of people who had been known to the local treatment provider. A report of this audit is being drafted and will be disseminated later this year. The cases reviewed were highly complex and person specific. Headline findings have already been shared with service managers and the commissioner, with a series of questions for further discussion.

5.3 An important service development has been the delivery of specialist overdose training and provision of Naloxone which is a safe and effective antidote to opiate overdose and an important tool in tackling drug related deaths. Information was provided to ECSSC in 2017. Appendix 4 gives an update, broken down by geographical area.

6. External Bids which support wider treatment outcomes

6.1 West Sussex has had success in securing monies from PHE in bidding rounds. These are listed for information in Appendix 5. Although not directly related to the focus for scrutiny in this paper, the bids have brought valuable income to wider partnership objectives and treatment.

7. Resources

7.1 The cost for the service must be met within the available budget. The 2019/20 contract price for the service is £5,109,778. There is Police and Crime Commissioner Income of £104,000 but other than this the service is funded entirely by the Public Health Grant.

7.2 In 2017/18, the service was required to find £75,000 savings which was achieved through a reduction in posts.

8. Issues for consideration by the Select Committee

8.1 The Health and Adult Social Care Select Committee is asked to consider the progress made regarding the effectiveness of service arrangements and performance relating to substance misuse services in West Sussex and based on the high level PHOF outcomes consider whether the service is achieving the necessary health outcomes for this cohort of the West Sussex population.

9. Consultation

9.1 These matters have not been part of public consultation. The service reports on service user consultations undertaken and actions taken. In drafting this

paper, advice has been taken from subject matter experts and technical experts in the Public Health Directorate.

10. Risk Management Implications

10.1 The service is operating at stretch but it is meeting its contractual expectations and service requirements. There is sustained progress in meeting treatment outcomes.

11. Other options considered

11.1 Not applicable.

12. Equality Duty

12.1 The service has a network of Inclusion Champions working through the organisation to share Equality, Diversity and Inclusion best practice. The service provides information on whom they employ (paid staff and volunteers) and who uses the service, and their outcomes and experiences.

13. Social Value

13.1 Central to the service approach is building resilience and recovery from drug/alcohol dependency, which can contribute towards stronger and effective communities.

14. Crime and Disorder Implications

14.1 Ensuring continuity of the service and the opportunity to further improve performance and quality contributes to the Council's responsibility to minimise crime and anti-social behaviour.

15. Human Rights Implications

15.1 It is important that the service is accessible and delivers quality provision to people from across different equalities groups.

Anna Raleigh
Director of Public Health

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Appendix 1 Latest Performance Data

Figure 1 Percentage of **opiate drug users** that left drug treatment successfully who do not re-present to treatment within 6 months. West Sussex Aug 2015 to June 2019

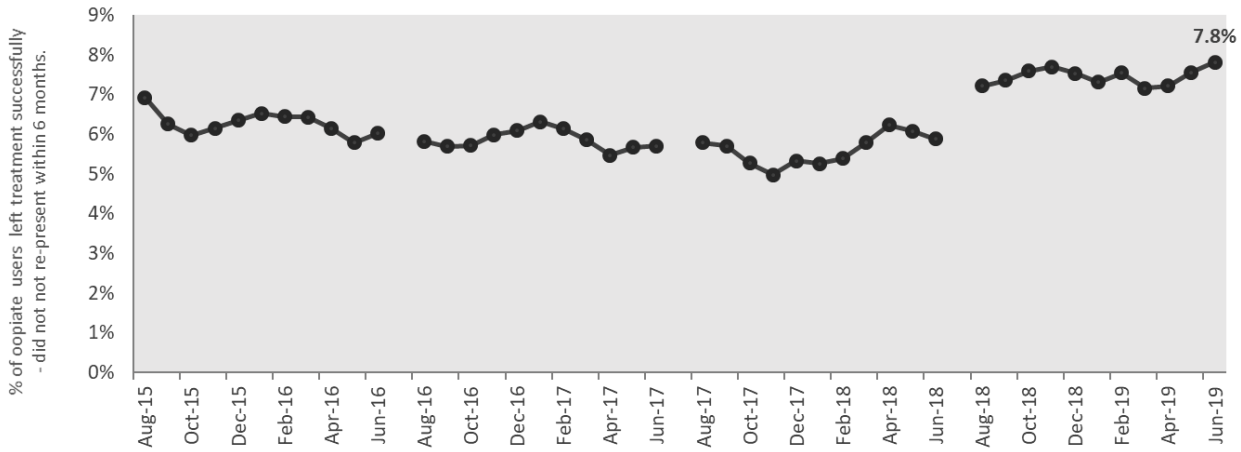


Figure 2 Percentage of **non-opiate drug users** that left drug treatment successfully who do not re-present to treatment within 6 months. West Sussex Aug 2015 to June 2019

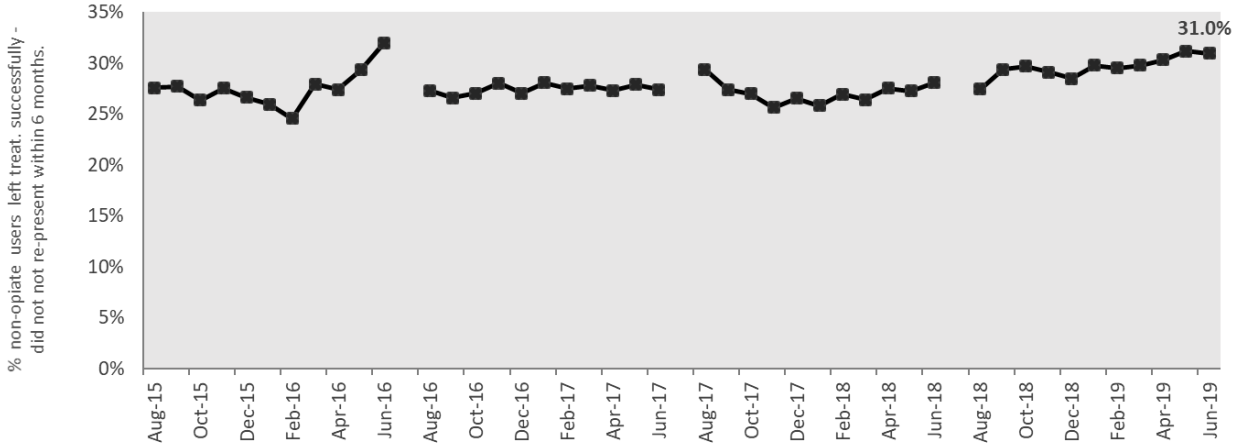
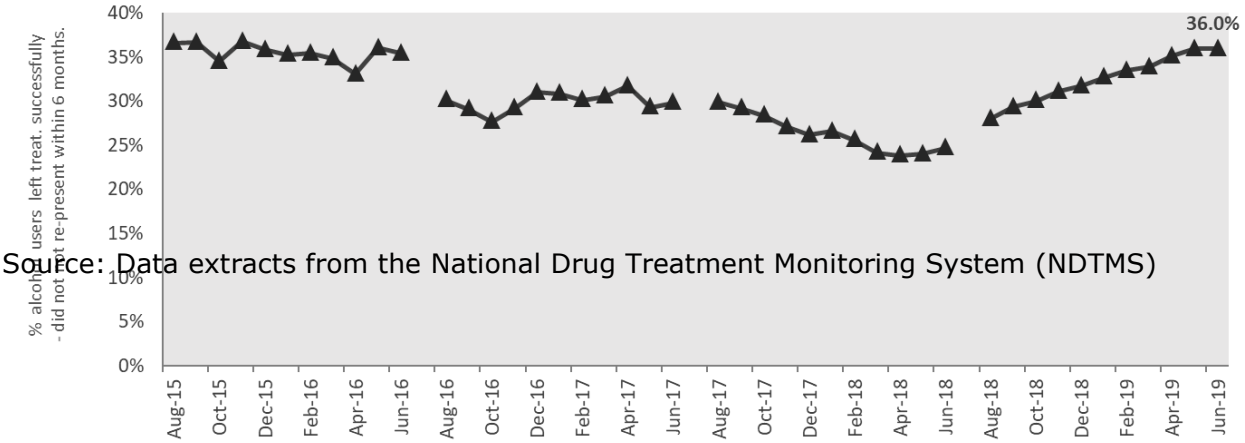


Figure 3 Percentage of **alcohol users** that left drug treatment successfully who do not re-present to treatment within 6 months. West Sussex Aug 2015 to June 2019



Source: Data extracts from the National Drug Treatment Monitoring System (NDTMS)

Figure 4 Percentage of **alcohol users** that left drug treatment successfully who do not re-present to treatment within 6 months. West Sussex Aug 2015 to June 2019

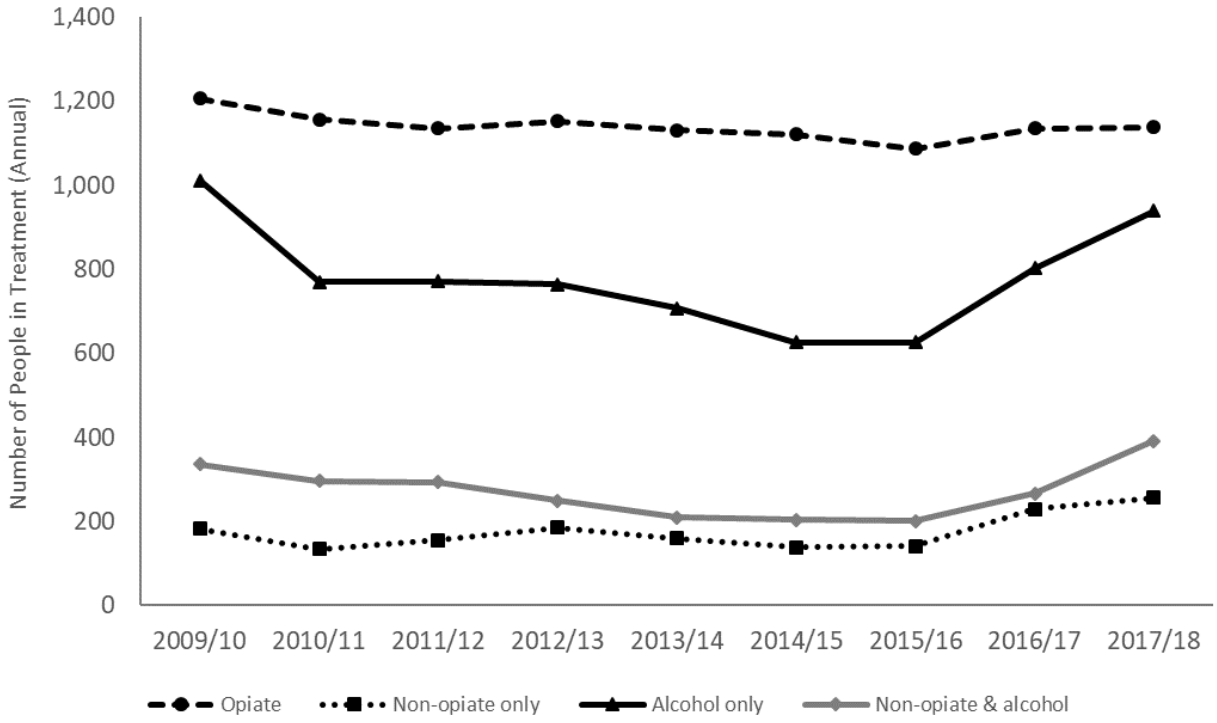


Table 1 **Number of People in Treatment**
West Sussex - Annual Data 2001/2 to 2017/18

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/
Opiate	1,207	1,157	1,136	1,152	1,132	1,121	1,087	1,1
Non-opiate only	182	134	156	186	160	138	141	
Alcohol only	1,012	770	772	764	707	627	627	
Non-opiate & alcohol	336	296	293	250	210	204	201	

Source: Data extracts from the NDTMS

Table 2 Performance June 2017 and June 2019

	% of users who are treated successfully and have not represented to services within 6 months		
	Opiate Users	Non-opiate	Alcohol
PHE Published data (relates to 2017)	5.9%	28.1%	29.8%
Latest available data (June 2019)	7.8%	31.0%	36.0%

Table 3 Estimated Ranking of West Sussex amongst CIPFA Statistical Neighbours

Ranking (out of 16 LAs)	% of users who are treated successfully and have not represented to services within 6 months		
	Opiate Users	Non-opiate	Alcohol
PHE Published data	15th	14th	16th
Latest available data (June 2019)*	5th	10th	7th

*this is an estimated ranking. Figures may be revised on PHE publication

Appendix 2 Early Intervention Services, Alcohol.

£400,000 of Public Health Grant has been invested in implementing evidence-based alcohol early intervention services countywide to meet the needs of adults who are drinking at levels putting them at increasing risk or higher risk of harm.

These are quantifiable categories which denote drinking at levels hazardous or harmful to health but not physically dependent upon alcohol.

The early intervention services are:

- Opportunistic screening and Brief Advice in 50 community pharmacies across the county. 720 people screened January – August 2019 of whom 307 are drinking at risky levels (14 of whom may be alcohol dependent). All offered appropriate advice and signposting to support.
- 'DrinkCoach' Digital Alcohol Early Intervention Service providing a web-based alcohol test and Skype coaching, with sessions available at evenings and weekends making the service convenient for working people or otherwise not willing or able to attend face to face appointments.
- Dedicated Alcohol Advisors, based within the West Sussex Wellbeing Programme offering face to face alcohol early interventions.

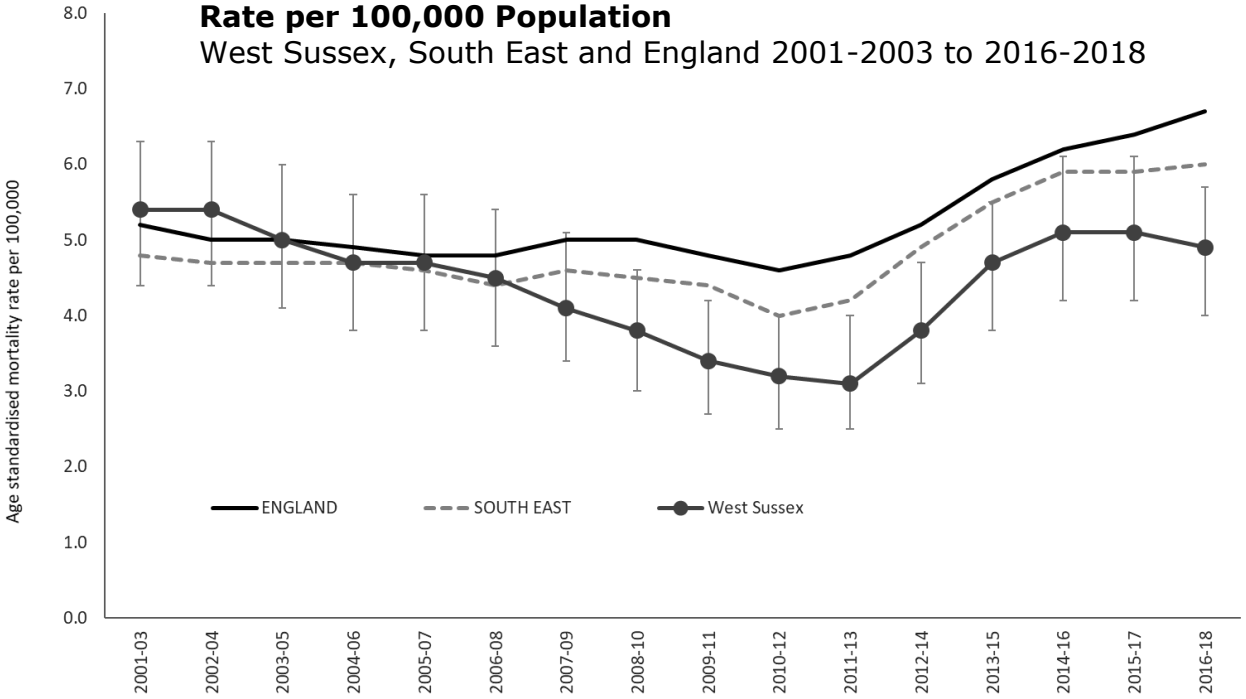
All services will be reviewed with independent evaluations commissioned for the DrinkCoach and Wellbeing Services.

Appendix 3 Drug Poisoning Deaths

Figure 5 Age-standardised mortality rate for deaths related to drug poisoning

Rate per 100,000 Population

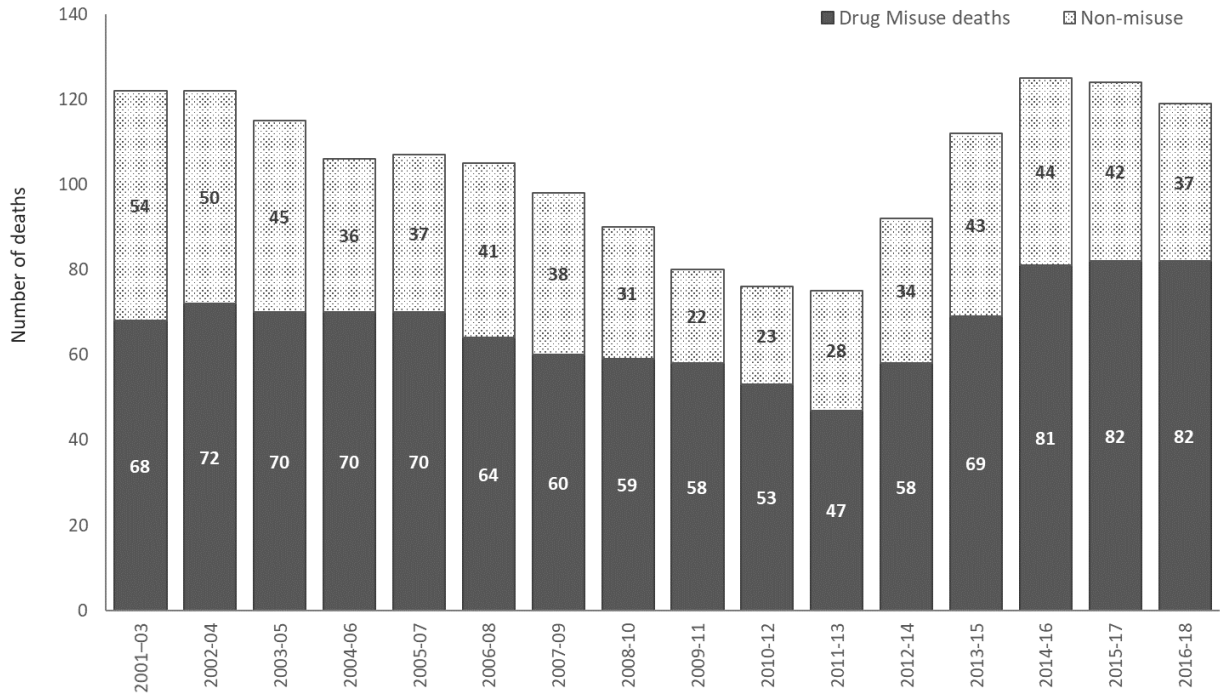
West Sussex, South East and England 2001-2003 to 2016-2018



Source: Office for National Statistics (ONS)

Figure 6 Number of Drug Deaths broken down by Drug Misuse/Non-drug misuse

West Sussex 2001-2003 to 2016-2018



Source: Office for National Statistics (ONS)

Appendix 4 Service Issue of Naloxone Kits, Broken Down by Area

	2016-17	2017-18	2018-19	2019-20 to date	Total
Adur	21	20	23	8	72
Arun	148	132	135	43	458
Chichester	64	43	71	16	194
Crawley	97	129	146	44	416
Horsham	37	41	53	27	158
Mid Sussex	51	37	57	21	166
Worthing	157	161	175	34	527
Pharmacies	22	28	7	6	63
Total Issued	597	591	667	199	2054

Appendix 5 West Sussex – successful bids to PHE 2015-19

Year Awarded	Capital	Revenue	Lead Service Provider	Summary
2015	£675,000	£0	ANA	ANA Works Supported Housing. Provision of safe, drug and alcohol free supported accommodation - 2 properties in Horsham.
2015	£200,000	£0	Worthing Churches Homeless Project (WCHP - now Turning Tides)	WCHP Oxford House - Worthing
2016	£23,704.84	£0	Fit Body Fit Mind	Refurbishment of gym in Littlehampton.
2016	£31,380.00	£0	Stonepillow	Stonepillow Learning & Training Project (Revive) Social enterprise supporting people leaving drug and alcohol treatment.
2016	£280,000	£0	WCHP(now Turning Tides)	Purchase of a HMO / Recovery property in Littlehampton.
2017	£200,000	£0	WCHP(now Turning Tides)	Purchase of a HMO / Recovery property in Littlehampton.
2019	£188,465	£0	Stonepillow	Redevelopment of a resource hub in Bognor Regis for rough sleepers and vulnerably housed.
2019	£0	£422,045	CGL	Supporting Alcohol Dependent Parents and their Children Therapeutic service for children Support for expectant parents
TOTAL	£ 1,598,549.84	£422,045		
Shortlisted 2019 Outcome to be confirmed	£0	£359,460	Stonepillow	Rough Sleeping Grant: Testing models of access to health care

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Substance Misuse Services in West Sussex

Health and Adult Social Care Select Committee

September 2019

Ian Dunster CGL Service Manager
Katherine Wadbrook CGL Service Manager Young Peoples & Families Service
Kerry Lemon, CGL Service User Involvement Lead for Chichester
Philippa Gibson Senior Commissioning Manager

west sussex county council

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Contents

- Rationale for service redesign
- Performance May 2016 to date
- Areas of Success
- Areas for Development
- Questions

Context - substance misuse priorities across the partnership

- Prevention and Behaviour Change

Information and Awareness; Prevention Campaigns; Health Messages; Engagement and Education

- Treatment and Support

Accessible service provision; screening and identification of those in need; assessment and care planning; aftercare and reintegration; peer mentoring; self-help

- Enforcement and Regulation

Offender management; licencing and regulatory enforcement; dedicated and targeted operations; use of regulatory powers to reduce harm

Focus of new service model

- Responsive to changes in drug and alcohol use
- Improved engagement of opiate users, and non opiate users
- Dedicated and specialist criminal justice offer
- Dedicated young people & families offer
- Partnership approach : to include investment in brief interventions and preventative services
- Asset based : connected to local communities

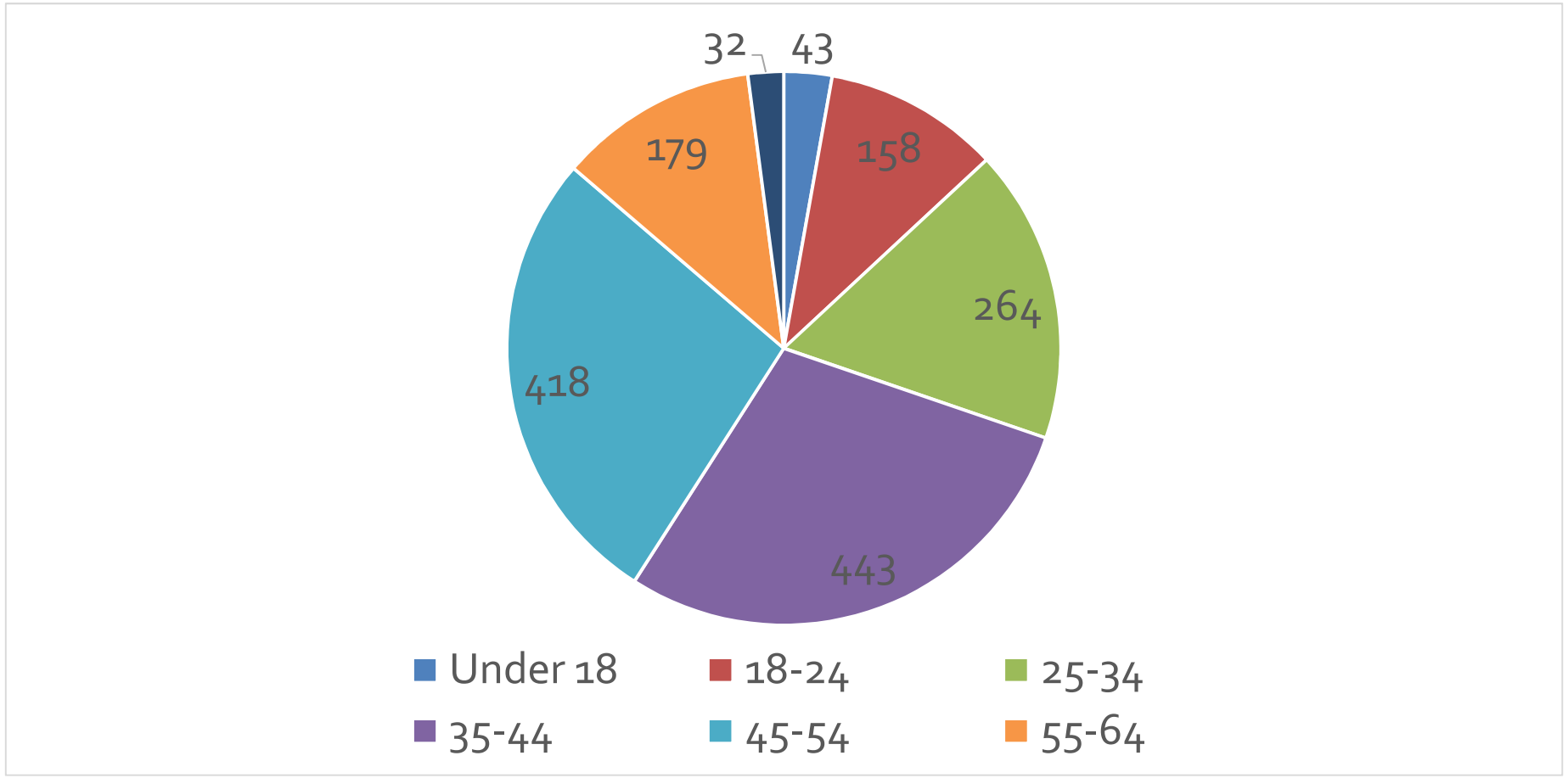
Overview of Interventions

- Pharmacological interventions and prescribing
- Psychosocial interventions
- Screening, testing and vaccination for BBV
- Needle Syringe programmes
- Alcohol detoxification and relapse prevention
- Onward referral to residential detoxification and rehabilitation
- Aftercare offer
- Peer Support

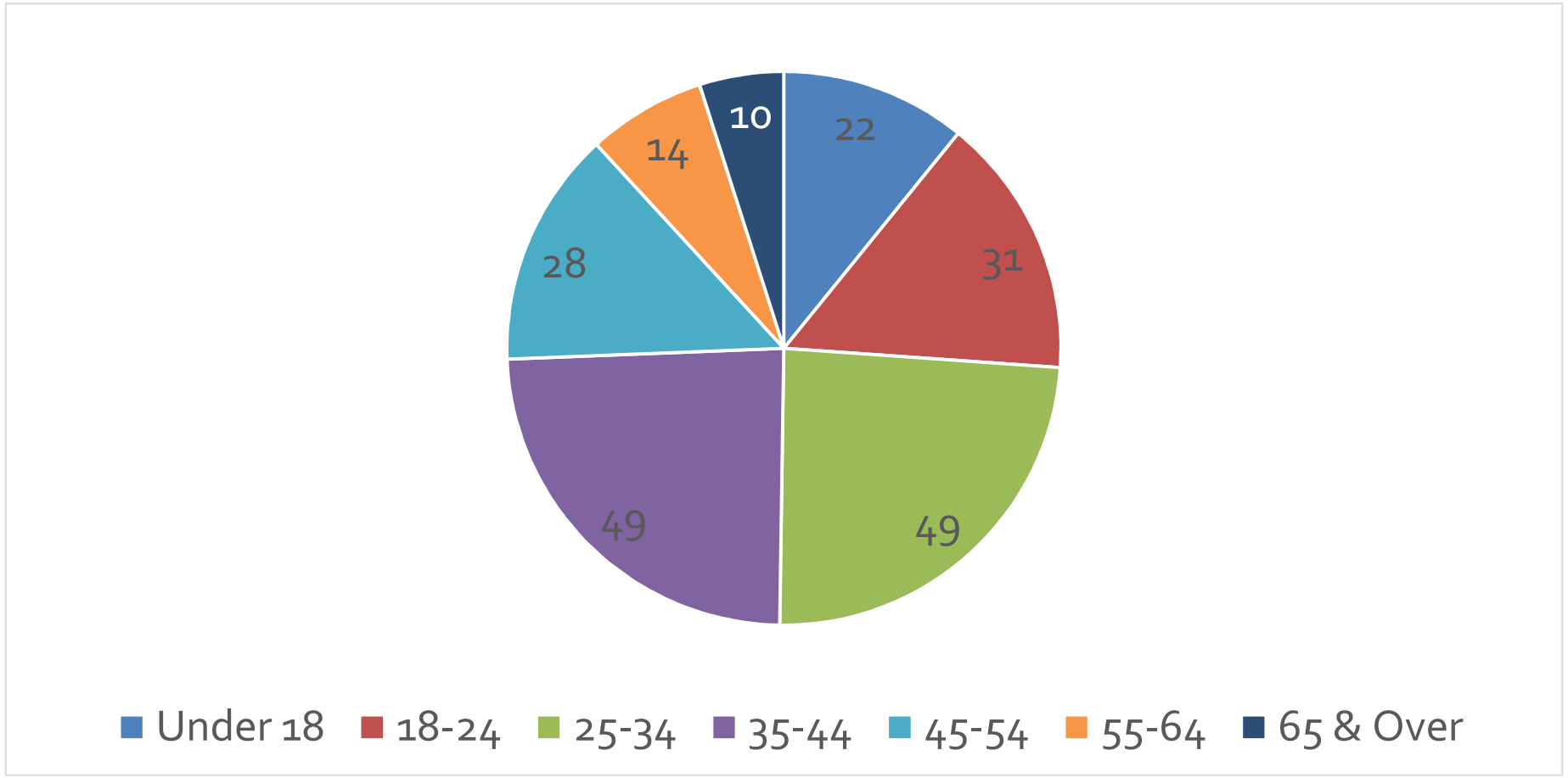
West Sussex treatment population by drug category (September 2019)

All in Structured By Drug Category					
By Age Group	Non-Opiate	Alcohol	Opiate	Non Opiate & Alcohol	Grand Total
Under 18	33	10	0	0	43
18-24	93	48	14	3	158
25-34	32	40	150	42	264
35-44	30	68	311	34	443
45-54	7	125	265	21	418
55-64	1	67	107	4	179
65 & Over		23	9	0	32
Grand Total	196	381	856	104	1537

Structured treatment by age group (13 September 2019)



All open referrals (13 September 2019)



Complexity Levels

- Historically, complexity levels have been high
- Measures of complexity include: types of drugs used; age; physical and mental health; housing status; employment status; family support
- The Service has been proactive in strengthening risk assessments and risk segmentation. It has developed a new toolkit to improve Medication Assisted Treatment (MAT) locally

Complexity Levels – Young Peoples Service

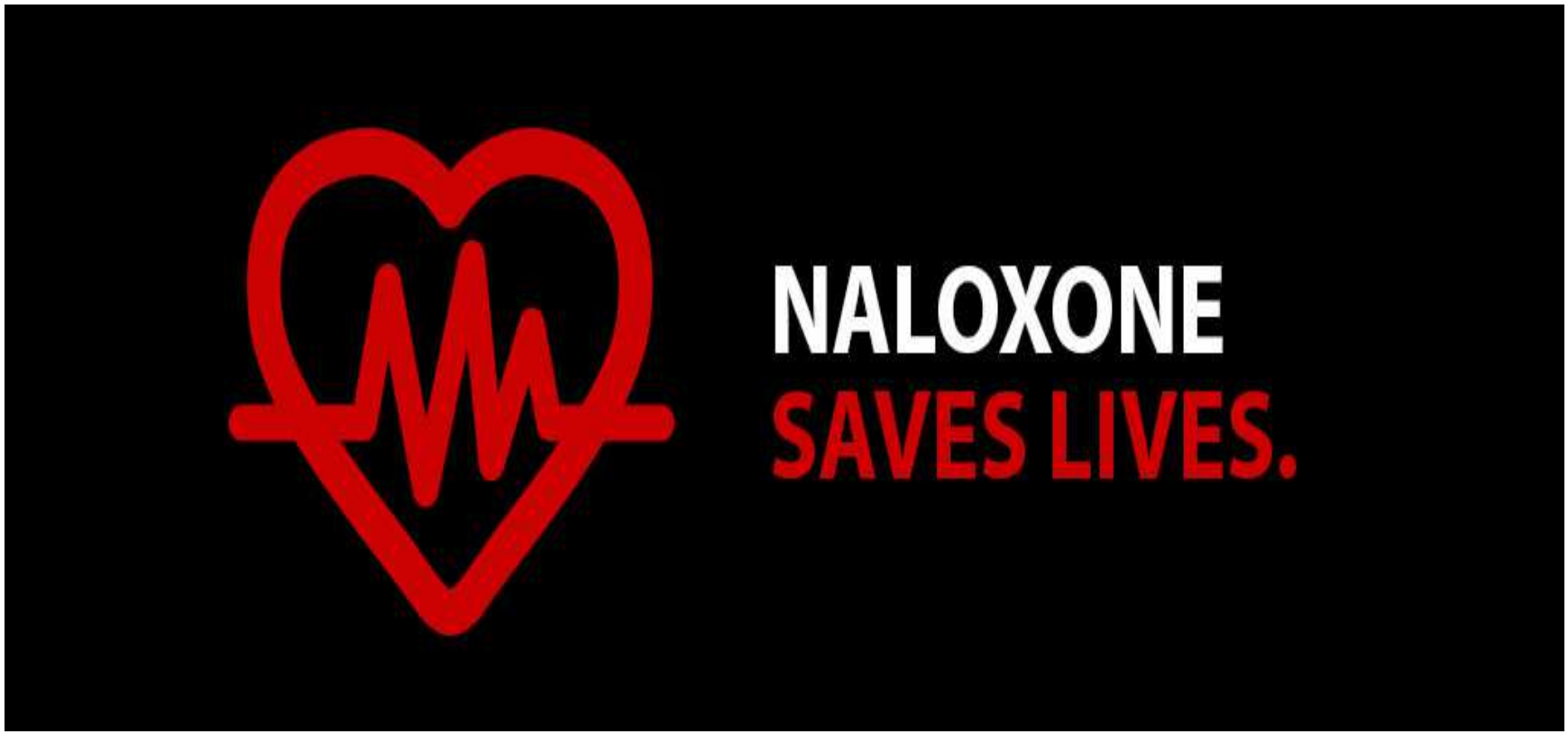
- For young people in receipt of structured support:
- · 42% affected by parental substance use
- · 70% affected by mental health or wellbeing issues
- · 32% have attempted suicide
- · 55% self-harming
- · 52% have experienced domestic abuse
- · 29% currently involved in criminal activity
- · 23% involved in risky sexual activity

(September 2019)

How are we performing - Outcomes

- Improving treatment outcomes for alcohol, opiate and non-opiate groups with significant improvement for opiate and alcohol users
- Clients stop injecting within the expected reliable range at TOP review
- For people in treatment, the proportion of those with acute housing problems reduce while in treatment
- In 2018/19 81% of detox admissions and 67% of rehab admissions completed successfully.
- In July 2019, 90% of YP Service case closures were positive – drug free or occasional use
- 25 Volunteers supporting service delivery and providing visible recovery
- Working with local hospitals to improve discharge planning through staff training and clearly documented care pathways
- Working with prisons to strengthen prison to community protocols and planning

Areas of Success



Naloxone Offer in West Sussex

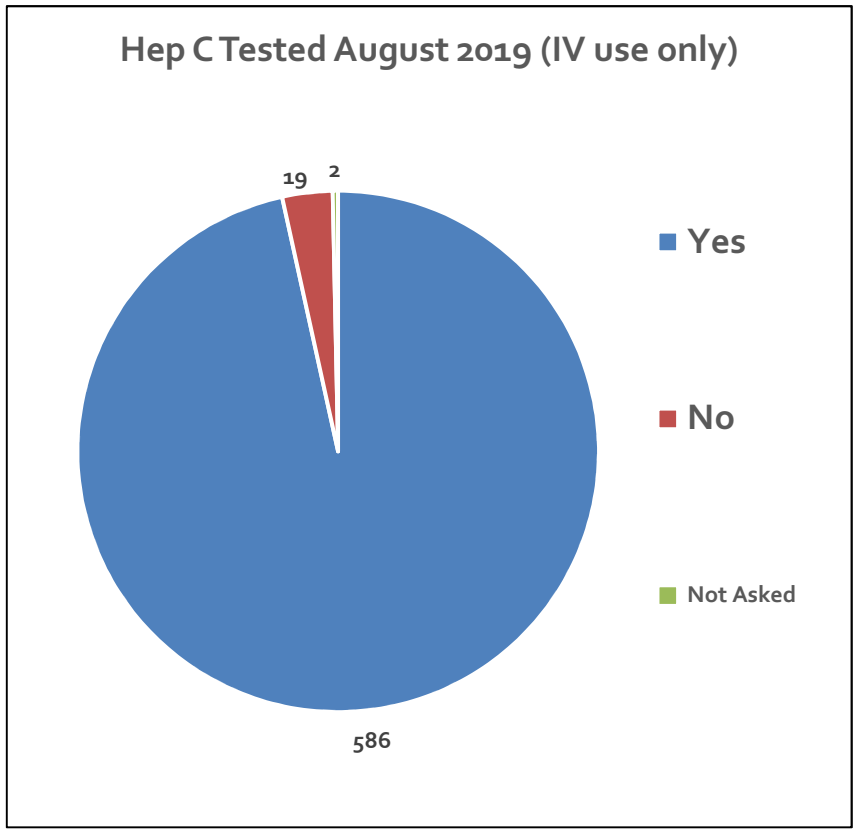
- 689/845 Naloxone Trained.

This represents 81.5% of the opiate caseload. West Sussex is the 3rd highest in CGL out of 45 services nationally.

- Over 200 partner agency staff trained in delivering Naloxone
- 3 peoples lives have been saved by CGL staff member intervention
- 28 Pharmacies are providing Naloxone
- Key service priority for 2019/20
  - To provide naloxone to 100% of opiate caseload
  - Further partner agency training.
  - All dispensing pharmacies to provide naloxone (41)

(September 2019)

Hepatitis C interventions



- Testing roughly 35 service users per month
- Working towards Micro elimination through links with Hepatology- a priority for 2019/20
- 11 Referred into Hep C treatment in 2019, 1 of whom has already completed treatment
- Hep C Treatment Clinics being delivered in 3 out of 4 of the service hubs
- Subcontracted Partners Emerging Futures provide support to treatment clinics

Innovation Fund 2019

- Therapeutic Service for Children of Alcohol Dependent Parents

June 19, providing a therapeutic service to 44 children across the county in a total of 25 different schools

- Growing Families Service : providing assessment and support on an outreach basis to parents including pregnant service users

Outcomes for the service

- I feel good about myself
- I feel confident with other people
- I am getting on well with family/friends
- I am getting on well at school/college
- I feel able to cope when things go wrong
- There is someone I can ask for help

Quarter 1: 98% of CYP had stabilised or improved in at least three areas at case closure

"**Daddy In the Sky**" Child aged 6 - dealing with grief and loss

Child age 5. Looking at what makes her happy and sad at home

"**A world where bad people get taken away and made good**" Child aged 11 – processing parental drug use and domestic violence

Areas of Challenge:

- Demand & Capacity
- Reducing Drug Related Deaths
- Reaching out to people not in treatment
- Workforce sustainability (a national challenge)

Developments for 2019/20

- Implementation of a Regional Service User Engagement Centre.
- Further investment in our fantastic dedicated Volunteer Workforce.
- More routine feedback from our Service Users regarding service development, through investment in Service User Involvement.
- An improved community alcohol pathway through implementation of Ambulatory Community Alcohol Detox Programme.
- Further Embedding MAT toolkit into service delivery model.

Thank you & Any Questions?

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Health and Adult Social Care Select Committee

26 September 2019

Business Planning Group Report

Report by Chairman, Business Planning Group

Executive Summary

Each Select Committee has a Business Planning Group (BPG) to oversee the Committee's work programme and prioritise issues for consideration by the Committee. This report provides an update to the Committee of the BPG meeting held on 27 June 2019 setting out the key issues discussed.

Recommendation

The Health and Adult Social Care Select Committee (HASC) is asked to endorse the contents of the report in particular the Committee's Work Programme revised to reflect the Business Planning Group's (BPG's) discussions (attached at Appendix A).

1. Background

1.1 The Business Planning Group (BPG) met on 27 June, members in attendance: Mrs Arculus, Mr Boram, Mr Turner (Chairman) and Dr Walsh (Chichester). Also present were: - Paul McKay (Director Adults' Services), Daniel MacIntyre and Anna Raleigh (Public Health), Juliette Garrett (Senior Commissioning Manager), Emma Ford and Linda Corn (Strategic Contracts and Supplier Relationship), (Chris Salt (Strategic Finance Manager), Rob Castle and Helena Cox (Democratic Services).

1.2 Apologies were received from Mrs Smith.

2. HASC Work Programme Planning 2018-20

2.1 Public Health Updates

2.1.1 Social isolation

- Initiatives such as social prescribing, pub/cafe groups, Big Conversation events and organisations such as Kitemark were helping fight social isolation

2.1.2 Suicide Prevention Strategy

- The Sustainability Transformation Partnership was prioritising mental health
- Public Health was recruiting people who would educate young people about the dangers of self-harming and £80k was available for a health psychology service for children around school leaving age

2.2 Adults' Services Updates

2.2.1 Reablement

- Essex Care Limited (ECL) reported that it was beating its targets for recovery and was commissioned to make 1,500 reablement starts per year. It made

1,237 in 2018/19, it would have made more, but spent a lot more time than expected providing domiciliary care

2.2.2 Hospital Discharge

- Sussex Community Foundation Trust (SCFT) would establish people's health needs then care assessments would take place within three days of discharge
- If longer term care was required, people would be referred for reablement
- The new system would begin in April 2020

2.2.3 Care and Support at Home

- The purpose of the decision was to get all customers on to the new framework by January 2021
- BPG agreed that the decisions on hospital discharge and care and support at home did not need to be added to the Committee's agenda and be subject to pre-decision scrutiny

2.3 Requests/Referrals to the Committee

2.3.1 Relocation of the Lancing Special Care Dental Service, Lancing Health Centre

- BPG agreed that this did not need to be added to the Committee's work programme

2.3.2 Brook House Detention Centre

- The Home Affairs Select Committee report on this had still not been published so no action was possible at this time.

2.3.3 The Shortage of Paediatricians

- The Chairman to discuss this with John Readman, Interim Director of Children and Family Services

2.3.4 Capacity of the Children & Adolescent Mental Health Service

- A joint approach would be sought with the Children & Young People's Services Select Committee

2.4 Forward Plan of Key Decisions

- BPG considered the Forward Plan of Key Decisions, but decided not to add any items to the work programme

2.5 Total Performance Monitor and Risk Register

- Technology Enabled Care and Connecting Lives were expected to absorb the £2m demand pressure, but it was uncertain when these benefits would be realised
- The older people group was thirty larger than expected this year, but this was still less than in 2016
- There were increasing risks with care home contracts and pressures around the learning difficulties service
- Financial pressures should be mitigated by using improve Better Care Fund money
- There was no money available to pump prime new investments
- Past investment in preventative services was beginning to bear fruit

- Costs had decreased as the number of people admitted to care homes before the eligibility criteria began in 2012 had also decreased
- Discharge to Assess and the new Adults' Services Vision & Strategy were also helping keep costs down

2.6 Contract Monitoring

- The contract with Shaw Homes was to be reviewed including bringing in external specialist expertise to see how break clauses could be used if required - there were regular meetings to discuss safeguarding and quality
- There had been an increase in demand for the Community Equipment Service
- Use of more bespoke equipment meant that it was harder to be reused by others
- The Council would only get involved in the operational side of the contract when necessary in accordance with the contract
- BPG agreed to look at contract monitoring bi-annually

2.7 Recommendations from HASC meetings over the last 12 months

- BPG acknowledged a view from the Committee that Housing Related Support come back to the Committee in September, but felt that it would be more appropriate to look at it in November

2.8 Work Programme Changes

- Social Isolation to added to the Work Programme for September's Committee meeting

3. Planning for the next meeting

3.1 Substance Misuse (Drugs and Alcohol) – report to include information on drug related deaths and what is being done to educate young people about the danger of drugs and alcohol.

3.2 Health Protection Annual Report – witnesses would be invited to attend

4. Dates of next BPG meeting

4.1 Members noted that the next BPG meeting will be held at 10.30 on 20 November 2019.

5. Implications

5.1 There are no social impact, resource, risk management, Crime and Disorder Act or Human Rights Act implications arising directly from this report.

Bryan Turner

Chairman, Health and Adult Social Care Select Committee

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Appendices - Appendix A - HASC Work Programme

Background Papers - None

Health and Adult Social Care Select Committee Work Programme January 2018 – December 2020

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
Substance Misuse – Drugs and Alcohol	Further to a referral from the Environmental Communities & Fire Select Committee regarding the performance of these contracts, BPG agreed for HASC to consider at a future meeting, as separate items	September 2019
Suicide Prevention Strategy	To consider and comment on the current West Sussex Suicide Prevention Strategy	September 2019
Health Protection Annual Report	To consider the detail of the Health Protection Annual Report and whether any particular aspects require any further scrutiny	September 2019
Proposals to improve mental health services in West Sussex	To consider the outcome of the public consultation regarding proposals put forward by the CCGs and SPFT	November 2019
Housing Related Support	To consider further progress further to the Cabinet Member decision in December 2018.	November 2019
SECAmb Update	To discuss performance data for West Sussex, especially detailed data relating to rural areas.	November 2019
Low Vision Services	To consider the outcome of the consultation and any final proposals	November 2019
Briefing	GP patient ratio and/or the new primary care strategy	November 2019
Winter Planning	The Chief Executive Officer for the West Sussex CCGs asked to bring winter plans to HASC for assurance	November 2019
Social Isolation	At its meeting on 27/6/19, BPG agreed to add social isolation to a future meeting of the Committee	January / March 2020
Safeguarding Adults Board Annual Report	To consider the annual report of the Safeguarding Adults Board	June 2020
Improved Better Care Fund (iBCF)	Further to consideration in June 2018 and June 2019, to review the improved Better Care Fund Plan (iBCF) for the financial year 2019/20 in terms of outcomes achieve,	June 2020

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
	scheme suitability and priority.	
Contract arrangements for Social Support Services	Further to a proposed Cabinet Member decision in March 2018, to award interim contracts for the provision of social support services, the committee will consider proposals prior to a formal procurement process.	Item for a future meeting - to be confirmed
Briefing	GP patient ratio and/or the new primary care strategy	Item for a future meeting - to be confirmed
Care Market including Residential Care	HASC on 17/1/18 agreed that this item, especially the issue of workforce recruitment and retention is considered by the Committee again at a future meeting	Item for a future meeting – date to be confirmed
Bailey Unit, Midhurst Community Hospital	HASC 22/6/18 would like to consider the outcome of the plans for community provision as they develop and the impact of the upcoming winter period	Item for a future meeting – date to be confirmed
Adults' Services 100 Day Programme	HASC 15/03/19 asked to consider performance data again at a future meeting, including any suggested target changes and asks that the Committee is provided with further developments at a future meeting	Item for a future meeting – date to be confirmed
Inpatient Paediatric Burns	Update on proposals to move this service from QVH to the specialised children's hospital in Brighton.	Item for a future meeting – date to be confirmed
Clinically Effective Commissioning	To consider any proposals from West Sussex Clinical Commissioning Groups, in relation to ongoing work to ensure that commissioning arrangements are both clinically and cost effective (further to HASC 29/9/17). Potential for consideration at JHOSC if consultation with East Sussex, Brighton & Hove HOSCs required.	Item for a future meeting – date to be confirmed

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
Sustainability and Transformation Partnerships (STPs)	To consider any proposals from NHS partners in terms of the Sussex and East Surrey Sustainability and Transformation Partnership (STP)	Item for a future meeting – date to be confirmed
Integration of Health and Social Care		Item for a future meeting – date to be confirmed
Capital Programme	As part of the new governance arrangements in relation to the Capital Programme each Select Committee will scrutinise the Business Cases for capital schemes within the Select Committee's portfolio areas as appropriate.	TBC
Primary Care (General Practitioners)	To consider action being taken across the NHS to include GP surgery provision across the county.	Future project day/member day/meeting – date to be confirmed
Business Planning Group		
Adults In-House Social Care Services 'Choices for the Future'	At its meeting on 22/6/18 the Committee requested updates at the end of each year of the five year programme to ensure that the Committee's comments to the Cabinet Member are being addressed and in light of this, decide whether any further formal scrutiny is required	TBC – BPG to determine whether formal scrutiny is required
Glen Vue, Maidenbower, Wrenford Centre and the Judith Adams Centre	Update as requested at BPG on 4/2/19	20/11 BPG
Contract Monitoring	At its meeting on 27/6/19, BPG agreed to look at contract monitoring twice a year	20/11 BPG
Public Health Contracts (including Smoking Cessation)	To include: It is understood that the contract has been underperforming therefore BPG to be updated on areas of underperfomance and mitigating actions being taken. Consider whether formal scrutiny is	TBC - BPG

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
	required.	
Community Advice Service	The HASC PrAM 3/1/19 discussed the forward plan entry regarding the Community Advice service. The entry mentions that funding levels have been agreed for the first year of the contract but will be subject to a performance review for year two and the further one year extension. They asked that the HASC BPG receive an update on the outcome of the performance review, especially if funding levels are going to be altered	TBC – poss 2020
Member Days		
Mental Health (HASC/CYPSSC)	Topics for potential inclusion: • children/adolescents – self harming • what is being done in West Sussex schools • Front-line service provision for adults • How long to get a first appointment, timescales, waiting list • Skills/capacity of the service *Members should also note Sustainability and Transformation Partnership (STP) work on Mental Health which could inform any potential scrutiny.*	27/11/19
Task & Finish Groups		
Voluntary Sector (All)	To consider how the County Council works with the voluntary sector at the moment, what could be done better and how can we encourage more interaction. *N.B. PFSC BPG have asked that the Director of Communities is asked to attend their next BPG to outline the work Communities is doing with the voluntary sector in order to develop terms of reference.*	Cross Cutting (Scrutiny across Select Committees) – dates to be confirmed
Integrated Transport System (All)	This is an over-arching issue which affects the remit of all select committees: - access to services	Cross Cutting (Scrutiny

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
	(transport and parking). *N.B. ECSSC BPG to consider how this could be taken forward taking into consideration current related items on ECSSC work programme.*	across Select Committees) – dates to be confirmed
Domestic Violence (HASC/CYPSSC/ECSSC)	To seek assurance that all services are working together. *N.B Methodology to be confirmed.*	Cross Cutting (Scrutiny across Select Committees) – dates to be confirmed

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